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## CASH R D Form 4 October 31, 2002

### FORM 4

o Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940 OMB APPROVAL

**OMB** 

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2005

Estimated average

burden hours per response 0.5

### (Print or Type Responses)

(Time or Type	e Kesponses)												
1. Name and Address of Reporting Person*  Cash, R. D.			2. Issuer Nar		6. Relationship of Repo to Issuer (Check all a)								
				Questar Co	X	Directdi0% Owner							
				X	Office Other (speci (give below) title below)								
					Chairman of th								
(Last) (First) (Middle) 180 East 100 South, P.O. Box 45433			3. I.R.S. Ider Reporting (voluntary)	Person, if an		4. Statement for Month/Day/Year	7. Individual or Joint/G						
						October 30, 2002	(Check Applicable Line						
					5. If Amendment, Date of Original	Form filed by On Person							
(Street)						Form filed by Mor Reporting Person							
Salt Lak	ke City, Utah 84145	5-0433											
(City)	(State)	(Zip)	Table I Non-Derivative Securities Acquired, Disposed of, or Beneficiall										
1. Title of Security (Instr. 3)			2. Transaction Date  (Month/	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	(A) or Disposed of (Instr. 3, 4 and	(D)	of ship Securitiesm: BenefiDintlyt OwnedD) or					

			Day Yes		(Month/ Day/				(A)			low <b>imd</b> ired port <b>el</b> d
			10	ar)	Year)				or (D)			nsaction(s (Instr. 4)
Common Sto Stock Purcha	ock (and attachase Rights)	hed Commo	on 10-30	0-2002	F			2,000	D	\$25.00	240,3	352
Common Sto Stock Purcha	ock (and attach ase Rights)	on								82,10	<b>5</b> .1508	
Common Sto Stock Purcha	ock (and attachase Rights)	on 10-30	0-2002	F		I	1,000	D	\$25.00	30,40	<b>O</b> D	
Common Sto Stock Purcha	ock (and attachase Rights)	n				$\top$				6,152	2D	
						co int co in rec un dis a c		of on m are not o respond form y valid			SEC 14 (9-	474 02)
FORM 4 (continued)				Γable II	Derivative (e.g., puts							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date  (Month/ Day/ Year)	3A. Deemed Execution Date, if any	4. Tran actio Code (Inst	on of Deri	v- ies	cisabl Expira Date	e and ation th/Day/	Amo Ur Secur	tle and unt of nderlying rities astr. 3 and	1	Price of Deriv- ative Secur- ity (Instr.

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			(Month/ Day/ Year)			Disposed of (D) (Instr. 3, 4 and 5)						5)	I G
				Code	V	(A)	(D)	Date Exer- cisable	Expiration Date	Title	Amount or Number of Shares		
Stock Option													890
Phantom Stock Units	1-1												58, 3, 4

Explanation of Responses:

- 1 These equivalent shares are allocated to my account in Questar's Employee Investment Plan as of October 30, 2002.
- 2 Detailed information concerning my options has been previously disclosed. All of my options that had not yet vested vested at the date of my retirement (May 1, 2002).
- 3 I have account balances in several different deferred compensation plans. Although I don't earn fees as a director or compensation as an employee, my account balances in such plans are credited with dividends on a quarterly basis.
- 4 Prior to my retirement, I received phantom stock units as a result of my participation in an excess benefit plan sponsored by Questar. Although I no longer earn compensation, my account balance is credited with dividends. This total includes the 47,267.8478 phantom stock units in such plan in addition to the phantom stock units held through account balances in deferred compensation plans.

\*\* Intentional misstatements or omissions of facts constitute
Federal Criminal Violations.

See

\*\*Signature of Reporting Person

/s/ Connie C. Holbrook

Connie C. Holbrook as Attorney in Fact for R. D. Cash

\*\*Signature of Reporting Person

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.