

KADLEC ROBERT E/IL  
 Form 4  
 October 04, 2002

FORM 4

UNITED STATES SECURITIES AND  
 EXCHANGE COMMISSION  
 Washington, DC 20549

OMB  
 APPROVAL  
 OMB  
 Number: 3235-0287  
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o Check this box  
 if no longer  
 subject to  
 Section 16.  
 Form 4 or  
 Form 5  
 obligations may  
 continue.  
 See Instruction  
 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol			6. Relationship of Reporter to Issuer		
						(Check all applicable)		
Kadlec, Robert E.			Questar Corporation - STR			<input checked="" type="checkbox"/>	Director	
						<input type="checkbox"/>	10% Owner	
(Last) (First) (Middle)			3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)		4. Statement for Month/Day/Year		7. Individual or Joint/Gro	
							(Check Applicable Line)	
5535 Parthenon Place			October 3, 2002		5. If Amendment, Date of Original (Month/Day/Year)		<input type="checkbox"/>	Form filed by One R
							<input type="checkbox"/>	Person
(Street)			Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially		6. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		<input type="checkbox"/>	Form filed by More
West Vancouver, British Columbia V7W 2V7							<input type="checkbox"/>	Reporting Person
(City)	(State)	(Zip)	1. Title of Security (Instr. 3)		2. Transaction Date (Month/	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)	5. Amount of Securities Beneficially Owned
								Ownership Form: <input type="checkbox"/> Beneficially Owned <input type="checkbox"/> or

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	Day/ Year)	(Month/ Day/ Year)	Code	V	Amount	(A) or (D)	Price	Followed Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)	Indirect (Instr. 4)
Common Stock (and attached Common Stock Purchase Rights)	10-3-2002				34.043	A	\$23.50	22,941	DI37
								400	I

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

	<p>Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.</p> <p>SEC 1474 (9-02)</p>
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Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
FORM 4 (continued)	1. Title of Derivative Security (Instr. 3)	2. Con- version or Exercise Price of Deri- vative Security	3. Trans- action Date  (Month/ Day/ Year)	3A. Deemed Execution Date, if any  (Month/ Day/ Year)	4. Trans- action Code (Instr.8)	5. Number of Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4 and 5)	6. Date Exer- cisable and Expiration Date (Month/Day/ Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Deriv- ative Secur- ity (Instr. 5)	9.

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				Code	V	(A)	(D)	Date Exer-cisable	Expira-tion Date	Title	Amount or Number of Shares
Stock Option											62

Explanation of Responses:

1 I receive payment of my directors' fees in actual shares of stock. These transactions occurred on the first day of each month and on the dates on which Board and Board Committee meetings were held.

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.	<u>/s/ Connie C. Holbrook</u> Connie C. Holbrook as Attorney in Fact for Robert E. Kadlec	<u>October 4, 2002</u>
See  18 U.S.C. 1001 and 15 U.S.C. 78ff(a).	**Signature of Reporting Person	Date

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.