

MICHAEL GARY G  
 Form 4  
 May 02, 2003

FORM 4

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  
 Number: 3235-0287  
 Expires: January 31,  
 2005  
 Estimated average  
 burden  
 hours per  
 response 0.5

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

(Print or Type Responses)

1. Name and Address of Reporting Person*  Michael, Gary G.			2. Issuer Name <b>and</b> Ticker or Trading Symbol  Questar Corporation - STR				6. Relationship of Reporter to Issuer (Check all applicable)					
							<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	10% Owner	<input type="checkbox"/>	Officer (give title below)
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)			4. Statement for Month/Day/Year  May 1, 2003			7. Individual or Joint/Gro (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person			
P.O. Box 1718						5. If Amendment, Date of Original (Month/Day/Year)						
(Street)  Boise, Idaho 83701												
(City)	(State)	(Zip)	Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount or Number of Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)
					Code	V						

	Day/ Year)	(Month/ Day/ Year)				(A) or (D)		Followed Indirect Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)
Common Stock (and attached Common Stock Purchase Rights)								8,000 D

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).

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.

SEC 1474  
(9-02)

FORM 4 (continued)		Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
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  (Month/ Day/ Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/ Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of	

											Shares
Stock Option											
Phantom Stock Units	1-1	05-01-2003		A		89.7009					\$30.10

Explanation of Responses:

1 I have an account balance of phantom stock units under a deferred compensation plan. These units are credited with "reinvested dividends." These shares will be converted to cash upon my death or retirement.

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

See

18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.

/s/ Connie C. Holbrook

Connie C. Holbrook as  
Attorney in Fact  
for Gary G. Michael

\*\*Signature of  
Reporting Person

May 2,  
2003

Date