

SIMMONS HARRIS H
 Form 4
 December 03, 2002

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

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 APPROVAL
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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).

(Print or Type Responses)

| | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|-----------------------------|---|---|--------------------------------|---|--|--|--------------------------------------|-------------------------------------|----------|-----------|--------------------------|---------|-----------------------------|--------------------------|-----------------------------|--|
| 1. Name and Address of Reporting Person* <p style="text-align: center; color: blue;">Simmons, Harris H.</p> | | | 2. Issuer Name and Ticker or Trading Symbol <p style="text-align: center; color: blue;">Questar Corporation - STR</p> | | | | 6. Relationship of Reporting Person to Issuer (Check all applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">Director</td> <td style="width: 80%;">10% Owner</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Officer</td> <td>Other (specify title below)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2">Other (specify title below)</td> </tr> </table> <p style="text-align: right; color: blue;">Director</p> | | | <input checked="" type="checkbox"/> | Director | 10% Owner | <input type="checkbox"/> | Officer | Other (specify title below) | <input type="checkbox"/> | Other (specify title below) | |
| <input checked="" type="checkbox"/> | Director | 10% Owner | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Officer | Other (specify title below) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other (specify title below) | | | | | | | | | | | | | | | | | |
| (Last) | (First) | (Middle) | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) | 4. Statement for Month/Day/Year <p style="color: blue;">December 2, 2002</p> | | 7. Individual or Joint/Gross (Check Applicable Line) | | | | | | | | | | | | |
| Zions Bancorporation One Main Street | | | | 5. If Amendment, Date of Original (Month/Day/Year) | | Form filed by One Reporting Person | | | | | | | | | | | | |
| (Street) <p style="color: blue;">Salt Lake City, Utah 84111</p> | | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | | |
| (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 of Securities Beneficially Owned | 6. Ownership Form: (C) Common (D) or | | | | | | | | | |
| | | | | | Code | V | Amount | Price | | | | | | | | | | |

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| | | | | | | | | |
|---|---------------|--------------------------|--|--|--|------------------|--|---|
| | Day/ Year) | (Month/ Day/ Year) | | | | (A) or (D) | | Following Indirect Reported Transaction(s) (Instr. 4) (Instr. 3 and 4) |
| Common Stock (and attached Common Stock Purchase Rights) | | | | | | | | 3,200 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. Conver- sion 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) |
| | | | | Code | V | (A) | (D) | Date Exer- cisable | Expira- tion Date | Title | Amount or Number of | |
| | | | | | | | | | | | | |

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| | | | | | | | | | | | | |
|---------------------|-----|------------|--|---|---------|--|--|--|--|--|--------|---------|
| | | | | | | | | | | | Shares | |
| Stock Option | | | | | | | | | | | | |
| Phantom Stock Units | 1-1 | 12-02-2002 | | A | 65.2090 | | | | | | | \$26.07 |

Explanation of Responses:

1

I defer my director's fees and these fees are accounted for in phantom stock units. I also receive "dividends."

/s/ Connie C. Holbrook

December 3, 2002

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Connie C. Holbrook as Attorney in Fact for Harris H. Simmons

Date

**Signature of Reporting Person

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.