## Edgar Filing: Shafer-Malicki Mary - Form 4

Shafer-Malicki M	lary							
Form 4 March 05, 2018								
FORM 4	UNITEDS	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES Filed pursuant to Section 16(a) of the Securities Exchang Section 17(a) of the Public Utility Holding Company Act of 194 30(h) of the Investment Company Act of 194					ge Act of 1934, f 1935 or Sectio	January 31 Expires: 200 Estimated average burden hours per response 0.		
(Print or Type Respo	nses)							
1. Name and Addres Shafer-Malicki N	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol QEP RESOURCES, INC. [QEP]			5. Relationship of Reporting Person(s) to Issuer			
(Last) 1050 17TH STR	(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018			(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below)			
			If Amendment, Date Original led(Month/Day/Year)			<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>		
DENVER, CO 8	80265					Form filed by M Person	More than One Re	eporting
(City)	(State) (2	Zip) Tabl	e I - Non-D	erivative S	ecurities Ac	quired, Disposed o	f, or Beneficial	lly Owned
	Fransaction Date onth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock			Code V	Amount	(D) Price	0	D	

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities		8. Pri Deriv Secu (Insti
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0	03/01/2018		А	20,943	<u>(1)</u>	<u>(1)</u>	Phantom Stock Units	20,943	\$ 9

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Shafer-Malicki Mary 1050 17TH STREET SUITE 800 DENVER, CO 80265	Х					
Signatures						
/s/ Dane E. Allen, Attorney in Fact	(	)3/05/2018				
<u>**</u> Signature of Reporting Person		Date				

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Phantom stock units will be payable in cash or shares on the date of, or at a designated anniversary date following, the first to occur of the reporting person's (i) distribution election date which is not earlier than two years from the plan year (ii) separation from service from QEP (subject to 6-month delay if necessary to comply with IRC 409A), (iii) death or (iv) disability, pursuant to the QEP Resources, Inc.

Deferred Compensation Wrap Plan. 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.