FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-010								
Estimated average burden								
hours per response	: 0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STANLEY CHARLES B			Date of Event equiring Staten Month/Day/Year 6/15/2010	nent	3. Issuer Name and Ticker or Trading Symbol  QEP RESOURCES, INC. [ QEP ]						
(Last) (First) (Middle) C/O QEP RESOURCES, INC.				4. Relationship of Reporting Person(s) to (Check all applicable)  X Director 10%			(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
1050 17TH STREET, SUITE 500					X Officer (give title Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)						President and C	CEO	2	X Form filed by One Reporting Person		
DENVER	СО	80265							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Abigail L. Jones, Attorneyin-Fact 06/15/2010

\*\* Signature of Reporting Person Date

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

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

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 Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

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