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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* SCOGGINS MYLES W | | | | 2. Issuer Name and Ticker or Trading Symbol <u>QEP RESOURCES, INC.</u> [QEP] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|--|--|--|--|--|--|--|--------|-------|---|---|---|---------------|--|
| (Last) 1050 17TH S | (First) TREET, SUITE 5 | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2011 | | | | | | Officer (give title below) | Other below | (specify) | |
| (Street) DENVER | СО | 80265 | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| Date | | 2. Transaction Date (Month/Day/Yea | ar) 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Codo | | Amount | (A) or | Brico | Transaction(s) | | 1. / | | |

Common Stock

| Common Stock | | | | | | | | | | | | /,/(| | D | |
|---|--|--|---|------------------------------|---|-----------------|-----|---------------------|-----|--|----------------------------------|---|--|--|--|
| | 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. Transa Code (8) | | Derivative Expi | | Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | | Amount or Number of Shares | | (Instr. 4) | | |
| Phantom Stock Units | \$0.00 | 09/30/2011 | | A | | 738.8253 | | (1) | (1) | Phantom Stock Units | 738.8253 | \$27.07 | 13,500.3008 | D | |
| Phantom Stock Units | \$0.00 | | | | | | | (1) | (1) | Phantom Stock Units | 4,522.4162 | | 17,229.2048 | D | |

Code

Explanation of Responses:

1. Phantom stock units will be payable in cash on the date of, or at a designated anniversary date following, the first to occur of the reporting person's (i) separation from service from QEP(subject to 6-month delay if necessary to comply with IRC 409A), (ii) death or (iii) disability, pursuant to the QEP Resources, Inc. Deferred Compensation Wrap Plan. This total includes shares attributable to the 401(k) supplemental program of the Deferred Compensation Wrap Plan. Consequently, share totals may change without any visible activity.

Remarks:

Abigail L. Jones, Attorney in Fact

(A) or (D)

Price

(Instr. 3 and 4) 7,700

Amount

10/04/2011

Date

** Signature of Reporting Person

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).

** 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.

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.

FORM 4

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