FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| wasnington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|--------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | | |

| OMB Number: | 3235-0287 |
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| Estimated average but | rden |
| hours per response: | 0.5 |

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

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 QEP RESOURCES, INC. [QEP] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | |
|--|---|--|---|---|--|--|---------|--|--|-----------|---|---------------------------|---|-----------------------------------|---|---|--------------------|--|--|
| (Last) (First) (Middle) 1050 17TH STREET, SUITE 500 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2013 | | | | | | | | | | Officer (below) | give title | | Other (s below) | pecify | |
| (Street) DENVE | DENVER CO 80265 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (Oity) | | | | Davise | <u> </u> | | | | iuad 1 | | | f ar Da | ofic | نداله: | Ourmand | | | | |
| Date | | | 2. Transa | 2A. Deemed Execution Date, | | 3. 4. Securit Transaction Disposed Code (Instr. 5) | | ities Acquired (A) of (D) (Instr. 3, 4 | | or and | 5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) | | Form: | Direct I Indirect E str. 4) | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | | | |
| Common Stock | | | | | 1 | | | | | | (D) | + | | 7,70 | | | 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 Dat if any (Month/Day/Ye | Code (I | | | | e s (A) sed str. | 6. Date Exe Expiration (Month/Da | Date | ate of Se (ear) Under | | 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) |
| | | | | Cod | de V | v | (A) | | Date Exercisabl | | Expiration Date | Title | Amou or Numb of Sha | nber | | (Instr. 4) | | | |
| Phantom Stock Units | \$0.00 | 12/06/2013 | | А | A . | | 40.9957 | | (2) | T | (2) | Phantom Stock Units | 40.9 | 957 | \$31.43 | 64,465.6 | 551 | D | |

Explanation of Responses:

- 1. Some of these shares are held in a joint account with my spouse.
- 2. 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) 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.

Remarks:

/s/ Abigail L. Jones, Attorney in 12/10/2013 **Fact**

** Signature of Reporting Person Date

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.