FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPE	ROVAL
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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* $\underline{Ley\ Alice\ B}$																5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) 1050 17TH STREET SUITE 800																below)				
(Street) DENVER CO 80265				4. 11	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						
(City)	(Si		(Zip)	Doris	rotive	. 50	ouriti.			——		of 0:	Bon	oficial	ly Owner					
Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transa Date (Month/E					saction	action 2/ Ex Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		(A) or	5. Amou Securitie Benefici Owned I	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership	
Common Stock 09/05									Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
				5/2017	/2017			F		289((1)	D	\$7.5	3 38	8,747		D			
		Т	able II -						quired, C s, option						Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion of Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	d 4. Date, Transa Code (ction	5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		ble and	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		mount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	O N O	umber						
Phantom Stock Units	\$0.00								(2)		(2)	Phan Sto Uni	k 2	5,968		25,968	3	D		
Stock Option	\$28.43								03/05/201	7 03	3/03/2021	Comi		5,061		6,061		D		
Stock Option	\$21.69								(3)	02	2/12/2022	Comi		2,058		12,058		D		
Stock Option	\$10.12								(4)	02	2/16/2023	Comi		0,880		10,880		D		
Stock Option	\$16.98								(5)	02	2/13/2024	Com		0,237		10,237	,	D		

Explanation of Responses:

- 1. I received a distribution of formerly restricted shares of stock and made an advance election to satisfy my tax payment obligations by withholding shares.
- 2. These phantom units are associated with QEP's Cash Incentive Plan.
- 3. The option vests in three annual installments beginning on March 5, 2016, subject to accelerated vesting upon the occurrence of certain events as set forth in the award agreement.
- 4. The option vests in three annual installments beginning on March 5, 2017, subject to accelerated vesting upon the occurrence of certain events as set forth in the award agreement.
- 5. The option vests in three annual installments beginning on March 5, 2018, subject to accelerated vesting upon the occurrence of certain events as set forth in the award agreement

Remarks:

/s/Dane E. Allen

09/07/2017

** 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.