FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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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* <u>FLURY L RICHARD</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol QEP RESOURCES, INC. [QEP] | | | | | | | | | lationship ck all appli Directo | | | | |
|---|---|--|--|---------|---|--|---|------|--|------|--|--|---------------------------------|------------------------------------|--|--|---|--------------------|--|
| (Last) (First) (Middle) 1050 17TH STREET, SUITE 500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2011 | | | | | | | | | Officer (give title below) | | | Other (s below) | pecify |
| (Street) DENVE | NVER CO 80265 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Che Line) X Form filed by One Reporting Form filed by More than One Person | | | | | | | | | orting Perso | n | | | |
| | | Tab | le I - Non | -Deriva | ative | Se | curitie | s Ac | quired, | Disp | osed c | of, or B | enefic | cially | Owned | ł | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) |
| Common | | | | | | | | | | 13,7 | 13,787.5 | | D | | | | | | |
| | | Т | able II - I (| | | | | | uired, D s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, T | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 9 | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | epiration ate | Title | Amo or Num of Share | ber | | | | | |
| Phantom Stock Units | \$0.00 | 03/28/2011 | | | A | | 5.274 | | (1) | | (1) | Phantom Stock Units | 5.2 | 74 | \$40.03 | 10,560.1 | 74 | D | |
| Phantom Stock Units | \$0.00 | 03/28/2011 | | | A | | 5.088 | | (1) | | (1) | Phantom Stock Units | 5.08 | 88 | \$40.03 | 10,188.10 | 097 | D | |
| Stock Option | \$9.19 | | | | | | | | 08/11/2003 | 3 02 | 2/11/2013 | Commor Stock | 0 | | _ | 14,000 | | D | |

Explanation of Responses:

1. Vested shares of 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.

Remarks:

Abigail L . Jones, Attorney in

03/29/2011

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.