FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
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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

RATTIE KEITH O		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) C/O QEP RES	(First)	(Middle)			4. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner Officer (give title below)		(Month/Day/Year)		ate of Original Filed	
1050 17TH STREET, SUITE 500		500					Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person	
(Street) DENVER	CO	80265								y More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					ially 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)										
Expiration		Expiration Da	. Date Exercisable and expiration Date Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4		4. Conversion	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Abigail L. Jones, Attorney-06/15/2010 in-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 5 (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.