FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES II | N BENEFICIAL | OWNERSHIP |
|------------------|---------------|--------------|------------------|

| l | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | 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* <u>Hester John P</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SOUTHWEST GAS CORP [SWX] | | | | | | | | | | all app Direc | olicable) ctor | g Person | erson(s) to Issuer 10% Owner | |
|---|----------------------|-----------------------|---------------------------------------|----------|---|--|---|--------|--|---------|-------------------------------------|-------------------------|---|---|---|---|--|---------------------------------------|---------------------------------|------------|
| (Last) (First) (Middle) 5241 SPRING MOUNTAIN ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2011 | | | | | | | | | | belov | Officer (give title below) Senior VP/Regula | | Other (specify below) atory Affairs a | | |
| (Street) LAS VEO | | | 39150-0 (Zip) | 0002 | | Amen 19/20 | | Date o | of Origin | al File | ed (Month/Da | ay/Ye | ear) | | 3. Indiv Line) X | Forn | r Joint/Group n filed by One n filed by Mor on | e Reportir | ng Pers | on |
| | | Tab | le I - N | on-Deriv | ative | Sec | uritie | s Ac | quirec | l, Di | sposed o | f, o | r Ber | nefici | ally | Owne | ed | | | |
| | | Date | Transaction ate lonth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | d 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock ⁽¹⁾ | | | 01/18/2 | 2011 | | | | A | | 4,257.135 | 59 | A | \$36 | .716 | 33,0 |)11.4195 | D | | |
| Common | Stock ⁽²⁾ | | | 01/18/2 | 2011 | | | | A | | 1,949.960 | 03 | A | \$37 | 7.87 | 34,9 | 61.3798 | D | | |
| Common Stock ⁽³⁾ 01/19 | | | | 01/19/2 | 011 | | F | | 991.3564 | | D | \$36.67 | | 33,970.0234 | | D | | | | |
| | | Ta | able II - | | | | | | | | osed of, convertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | on Date, Day/Year) | 4. Transa Code (8) | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | or Nur of | | f g nstr. 3 nount umber | Deriv Secu (Instr | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : t (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Amended to correct MIP data reported 1-19-11.
- 2. Amended to correct RSUP data reported 1-19-11.
- 3. MIP shares not distributed due to tax withholding

Karen W. Stanfield, POA

01/27/2011

** 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.