FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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

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|--|---|-----------------------|---------|------------------------------|--|---|-------------------------------|-----------|---|-----|---|-----------------------------|---------------|--------------------------------------|--|---|--|---|---|
| 1. Name and Address of Reporting Person* <u>DeBonis Eric</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SOUTHWEST GAS CORP [SWX] | | | | | | | | | | all app Dired | olicable) ctor | | Owner |
| (Last) 5241 SPF | (Fi | rst) (JNTAIN ROAD | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2015 | | | | | | | | | X | Offic belov | , | Other below perations | (specify) |
| Street) LAS VEGAS NV 89150-0002 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5) | | ., | n-Deriv | ativo | Sor | ouriti | | nuired | Die | nosed o | f 0 | r Bor | ofic | ially | Own | | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | | 2. Transa Date | . Transaction | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | | r | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (|
| Common | ommon Stock 03/0 | | | | 2015 | | | | A | V | 55.753 | 3 | A | \$55.89 | | 20,996.1283 | | D | |
| Common | on Stock | | | | 03/02/2015 | | | | | V | 18.451 | | A | \$55.89 | | 21,014.5793 | | D | |
| Common Stock | | | | 03/02 | 03/02/2015 | | | | A | V | 2.975 | | A | \$55.89 | | 21,017.5543 | | D | |
| Common Stock 03/1 | | | | 03/16 | /2015 | | | | S | | 98 | | D | \$56.79 | | 20,919.5543 | | D | |
| Common Stock 03 | | | | 03/16 | /2015 | | | | S | | 502 | | D | \$56.82 | | 20,417.5543 | | D | |
| Common Stock | | | | 03/02/2015 | | | | A | A V | | 1 | A | \$55.89 | | 3,297.4731 | | I | By 401(k) | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | n Date, | 4. Transa Code (8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expiration (Month/E | on Dat | ear) Securitie Underly Derivating Security and 4) | | ount of curities derlying ivative curity (I I 4) | of es Se (In ve r (Instr. 3 | | rice of 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

Amounts voluntarily reported were acquired through exempt dividend reinvestment transactions.

Joshua M. Westerman, POA 03/17/2015

** 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.