Instruction 1(b)

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C | 20549 |
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| Washington, | D.C. | 20549 | |
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| OMB Number: | 3235-0 |

0362 hours per response: Estimated average burden

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| Form 3 | Holdings Repo | rted. | | | | | | | | | | | | Liloui | о рог | георопос. | 1.0 |
|--|--|--|---|---|---|--|--|---|---|---|---|---|------|---|-------|---|---|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Exchar ompany Act | | | | | | | | |
| Name and Address of Reporting Person* Armstrong Thomas J | | | | 2. Issuer Name and Ticker or Trading Symbol SOUTHWEST GAS CORP [SWX] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Check (check)) | | | | | Owner | | | |
| (Last) (First) (Middle) 5241 SPRING MOUNTAIN ROAD | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004 | | | | | Year) | X Officer (give title Other (specify below) SR VICE PRES/GAS RESOURCES | | | | | | |
| (Street) LAS VEGAS NV 891500002 | | | | 4. If Amen | 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) | (Sta | | Zip) | | | | | | | | | | | | | | |
| | | Table | e I - Non-Deriv | ative Sec | uritie | s Ac | quire | d, Di | sposed o | of, or | Benefici | ally (| Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | Execution Date, if any | | Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | or Disposed | Securiti Benefic | | es | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Amou | nt | (A) or (D) | Price | ls Y | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common stock 12/31/2004 | | | 12/31/2004 | J (1 | | (1) | | 5 | A \$0 | | 12,724 | | 724 | | D | | |
| Common stock - IRA 12/31/2004 | | | 12/31/2004 | J(2 | | (2) | 2 | 269 | A \$0 | | 1,369 | | 369 | | I | By IRA | |
| Common | stock 401k | | 12/31/2004 | J ⁽³ | | (3) | | 65 | A | \$0 | | 2,720 | | | I | By 401(k) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) of Dispo | rivative curities quired or spoosed (D) str. 3, 4 d 5) | | Date Exercisable and piration Date onth/Day/Year) te | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | t r | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |

Explanation of Responses:

- 1. Dividend reinvestment shares received during 2004 due to the rounding of fractional shares.
- 2. Dividend reinvestment shares for IRA account received during 2004 .
- 3. Dividends acquired during 2004 pursuant to the dividend reinvestment feature of the SWX 401(k) plan.

Remarks:

02/03/2005 By: Kathy M. Bailey, POA

** 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.