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

1. Name and Address of Reporting Person* Thoman A. Randall 2. Date of Event Requiring Statement (Month/Day/Year) 07/27/2010					3. Issuer Name and Ticker or Trading Symbol SOUTHWEST GAS CORP [SWX]								
(Street)	1 SPRING MOUNTAIN				Relationship of Reporting (Check all applicable) Director Officer (give title below)		10% Owner Other (specify below)		5. 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				
LAS VEGAS (City)	(State)	(Zip)								Form filed by Reporting Po	y More than One erson		
		Т	able I - Non	-Derivat	ive S	ecurities Beneficiall	y Owned						
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock						649.6707	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
		(e.ç						s)					
1. Title of Deriva	tive Security (Ins			is, warra	nts, c		securities	4. Conver	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

Remarks:

Karen W. Stanfield, POA 08/11/2010

** Signature of Reporting Person

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.