FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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 * | | | | | | 2. Issuer Name and Ticker or Trading Symbol SOUTHWEST GAS CORP [SWX] | | | | | | | | | | | all app | olicable) ctor | ig Per | Person(s) to Issuer 10% Owner | | |
|--|--|------|-----------|---------------------|-------|--|---|-------|--------------------------------------|------------------------------------|--|---------------------|--|---------------|----------|-----------------------|---|---|--|---|--|--|
| (Last) 5241 SPI | ast) (First) (Middle) 241 SPRING MOUNTAIN ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2006 | | | | | | | | | | | Officer (give title below) SR ViceP | | Other (speci below) res/Finance | | | |
| (Street) LAS VE | AS VEGAS NV 891500002 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indi Line) X | Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | cur | ritie | s Acc | uired, | Dis | posed o | f, o | r Ber | efic | ially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Se | | 5. Amount of Securities Beneficially Owned Following Reported | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e | Transa | action(s) 3 and 4) | | | (Instr. 4) | |
| Common stock 09/01/3 | | | | | | 2006 | | | A ⁽¹⁾ | | 56.62 | | A | \$3 | 3.64 1 | | 19,915.83 | | D | | | |
| Common stock 09/01/ | | | | | | 006 | | | A ⁽²⁾ | | 64.4 | | A | \$3 | 3.64 | 19,980.23 | | | D | | | |
| Common stock 401k 09/01/ | | | | | | 2006 | | | | A ⁽³⁾ | | 4.92 | | A | \$3 | 3.64 | 915.06 | | | I | By 401(k) | |
| | | Та | | | | | | | | | | sed of, onvertib | | | | | wned | | , | | | |
| 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) | | | n Date, ay/Year) | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | ative ities red sed 3, 4 | 6. Date E Expiratio (Month/D | on Date | е | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | F D O (I | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Pursuant to the stock dividend/dividend reinvestment feature of SWX restricted stock plan, paid dividend on 9/1/06 with a record date of 8/15/06.
- 2. Shares acquired pursuant to the dividend reinvestment plan, dividend paid on 9/1/06 with a record date of 8/15/06.
- 3. Pursuant to the dividend reinvestment feature of SWX 401(k) plan, dividend paid on 9/1/06.

Remarks:

By: Kathy M. Bailey, POA 09/05/2006

** 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.