Instruction 1(b).

FORM 4

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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNER	RSHIP
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OMB APPRO	VAL							
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

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>LENTZ MICHAEL E</u>					2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [ HST								(Chec	k all app Direc	onship of Reportir ill applicable) Director Officer (give title		10% Ov		
(Last) 4747 BE	(Fir THESDA <i>I</i>	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/05/2024							X	below			below)		
SUITE 1300					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Ctroot)													X	X Form filed by One Reporting Person				on	
(Street) BETHESDA MD 20814															Form filed by More than One Reporting Person				orting
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or E	enefi	cially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution y/Year) if any		ution Date,					es Acquired (A) Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) c	Pric	Reported Transaction( (Instr. 3 and		ction(s)			(Instr. 4)	
Common Stock 02/05/2				2024			F		3,114	D	\$1	9.21 169,439		139.1449		D			
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	perivative   Conversion   Date   Execution Date,   cecurity   or Exercise   (Month/Day/Year)   if any			ransaction of Der Sec Acc (A) Dis of (I		osed ) r. 3, 4	6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	r					

**Explanation of Responses:** 

By: /s/ William K. Kelso, Attorney-in-Fact For: Michael 02/06/2024 Lentz

\*\* 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.