FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Stein A William					2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST]								5. Relationship of Ro (Check all applicable X Director Officer (giv		erson(s	s) to Issuer 10% Ow Other (sp	ner
(Last) (First) (Mid 6903 ROCKLEDGE DRIVE SUITE 1500			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/16/2019								below)			below) `	
(Street) BETHESDA MD		20817		4. If Am	endment, Da	ate of	f Original Filed (Month/Day/Year)					dividual or Joint/Group Filing (Check Applicable Line Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																	
1 Title of S	oourity (Inctr		Table I - Non-			Securities 2A. Deemo		quired, D	isp			-	wned 5. Amount o	of 6	6. Owne	archin 7	7. Nature of
1. Title of Security (Instr. 3)			0	2. Transaction Date (Month/Day/Year)		Execution	Date	e, Transactio			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5		Securities Beneficially Following F Transaction	Owned (eported (Form: D (D) or In (I) (Instr	Direct I ndirect E r. 4) (Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) (D)	Price	(Instr. 3 and				(1130.4)
			Table II - D					uired, Dis , options					ned				
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. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		Securities			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares		Transactio (Instr. 4)			
Deferred Stock Units-10 yr annual installments	(1)	05/16/2019		A		7,238.8831		(2)		(2)	Common Stock	7,238.8831	\$0.0	7,238.88	331	D	
Deferred Stock Units Div. Equiv. Rights- Lump Sum Vesting	(1)							(3)		(3)	Common Stock	763.0263		763.026	63	D	
Deferred Stock Units-Lump Sum Vesting	(1)							(2)		(2)	Common Stock	12,487.499		12,487.4	199	D	

Explanation of Responses:

- 1. Each deferred stock unit represents the right to receive one share of common stock of the Issuer.
- 2. The deferred stock units were granted to the director in lieu of an annual stock award, are fully vested and will be settled in shares of the Issuer's common stock on a date selected by the reporting person pursuant to the Host Hotel's & Resorts, Inc.'s Non-Employee Directors' Deferred Stock Compensation Plan.
- 3. The dividend equivalent rights accrued on deferred stock units held by the reporting person and will be settled in shares of the Issuer's common stock on a date selected by the reporting person pursuant to the Issuer's Non-Employee Directors' Deferred Stock Compensation Plan (the "Plan").

By: William K. Kelso For: A. William Stein

05/20/2019

** 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.