SEC For	m 4																
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL			
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 OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									Estim	OMB Number: 3235-0 Estimated average burden hours per response:		3235-0287 0.5	
1. Name and Address of Reporting Person [*] Smith Gordon H					2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)		First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024							Officer (give title Other (specify below) below)				specify	
4747 BE SUITE 1	THESDA A	AVENUE			4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person					
(Street)	SDA N	4D	20814		Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication										ting Person		
(City) (State) (Zip)					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.												
		1	able I - Non	-Deriva	ative S	Securitie	s Ac	quired, D	isposed	of, or Be	eneficially	Owned					
Date			2. Transa Date (Month/D		Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year		on Dispose tr.	ecurities Acquired (A) or losed Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficially Owned Fol	v	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) (D)	or Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
								luired, Dis s, options			eficially O urities)	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/Yea	Code	saction (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Deferred Stock Units Div. Equiv. Rights	(1)	01/16/2024		А		2,778.551		(2)	(2)	Common Stock	2,778.551	\$0.0	24,554	.3361	D		

Explanation of Responses:

1. Each dividend equivalent right represents the right to receive one share of common stock of the Issuer.

2. The dividend equivalent right secured 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: /s/ William K. Kelso,

Attorney-in-Fact For: Gordon H. 01/17/2024 Smith

** 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.