FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

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

OMB APPROVAL 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* OTTINGER JOSEPH (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024								(Che	5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner X Officer (give title below) SVP & Corp. Controller				vner
4747 BETHESDA AVENUE SUITE 1300						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applica				
(Street) BETHES	BETHESDA MD 20814														Form filed by More than One Reporting Person				
(City)	(S	tate) (Z	Zip)		$ _{\Box}$	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	3ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Executi y/Year) if any		ution Date,				s Acquired (A) of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) (D)	or P	rice	Transa	saction(s) r. 3 and 4)			(111501. 4)
Common Stock 02/20/2					2024				A		14,989(1)	A	1	\$0.0	42,830			D	
Common Stock 02/20/2					2024				F		6,869	Ι) [19.66	3.	35,961		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)		nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares		str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. On February 20, 2024, it was determined that a portion of the performance goals for previously granted restricted stock units had been met, resulting in the vesting of these shares in the form of common stock on February 20, 2024. The underlying award of restricted stock units was made on February 4, 2021 and the performance goals were based on the Issuer's relative total stockholder return as compared to the NAREIT Lodging and Resort Index and the Issuer's performance against certain Adjusted EBITDAre targets.

By: /s/ William K. Kelso,

Attorney-in-Fact For: Joseph 02/21/2024

Ottinger

** 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.