FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Washington, | D.C. 20549 |
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OWNERSHIP

| washington, D.C. 20049 | OMB APPROVAL | | | |
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| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | OMB Number: | 3235-0 | | |

OMB Number: Estimated average burden hours per response: 1.0

Form 3 Holdings Reported

| Form 3 | Holdings Repu | rteu. | | | | | | | | | | | | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------|--------------------------------------------------------------------|-----------------------------------------------------|--------------------------|---------------|---------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|-----------------------------------------|
| Form 4 | Transactions F | Reported. | File | ed pursuant to or Section | | | | | ities Excha ompany Ac | | | | | | | | |
| 1. Name and Address of Reporting Person* HARVEY LARRY K | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | tionship of Reporting Po all applicable) Director Officer (give title | | 10% Othe | Owner er (specify | | |
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE SUITE 1500 | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010 | | | | | | | below) below) EVP and CFO | | | | | | |
| (Ctt) | | | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BETHES | DA M | D 2 | 20817 | | | | | | | | | X | | n filed by O | | | |
| (City) | (St | ate) (| Zip) | = | | | | | | | | | Pers | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quire | ed, Di | sposed | of, or | Benefici | ally O | wne | ed | | | |
| Da | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | or Disposed | Securit Benefic | | cies Ov | | ership 1: Direct | 7. Nature of ndirect Beneficial | |
| | | | | | | | | Amount (| | (A) or (D) | Price | ls: Ye | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | | | Ownership (Instr. 4) |
| Common | Common Stock 12/31/2010 | | | | J (1) | | 1) | 1,124 D \$11 | | \$11.45 | 5 140,165 | | D | | | | |
| | | Та | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | 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. Transaction Code (Instr. 8) | of | r osed (: 3, 4 | Expir | Date Exercisable and cpiration Date lonth/Day/Year) | | Date Amoun | | 8. Prio | itive ity | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | lly | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. This is a correction of the special dividend held on street shares previously reported due to a database calcuation.

By: Elizabeth A. Abdoo For: Larry K. Harvey

** Signature of Reporting Person

02/14/2011

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.