| SEC Form 4 | |
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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). |
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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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Addro RISOLEO J | ess of Reporting Pe AMES F | rson* | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | tionship of Reporting Pe all applicable) Director | erson(s) to Issuer 10% Owner | |
|---|-------------------------------|----------|---|-------|---|---------------------------------|--|
| | | (Middlo) | 3. Date of Earliest Transaction (Month/Day/Year) | X | Officer (give title below) | Other (specify below) | |
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE | | | 02/09/2009 | | Executive Vice President, CIO | | |
| SUITE 1500 | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | /idual or Joint/Group Filir | пд (Спеск Арріїсаріе | |
| BETHESDA | MD | 20817 | | X | Form filed by One Reporting Person | | |
| | | | | | Form filed by More the Person | an One Reporting | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------------------------------|---|--------|---------------|--------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Common Stock | 02/09/2009 | | A ⁽¹⁾ | | 18,750 | A | \$5.42 | 252,152 | D | | |
| Common Stock | 02/09/2009 | | F | | 6,038 | D | \$5.42 | 246,114 | D | | |
| Restricted Stock | 02/09/2009 | | A ⁽¹⁾ | | 18,750 | D | \$5.42 | 442,708 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp of (D | erivative (Month/Day/Year) ccurities cquired) or sposed (D) str. 3, 4 | | of Securities | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$5.075 | | | | | | | 12/31/2009 | 02/05/2019 | Common Stock | 87,079 | | 87,079 | D | |

Explanation of Responses:

1. This transaction represents the release of restrictions on shares of restricted stock which vests on a periodic basis, and inclusion of such shares into unrestricted common stock.

By: Elizabeth A. Abdoo For:

James F. Risoleo

02/10/2009

** 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.