FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPRO | JVAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| | 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).

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* BAYLIS ROBERT M | | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | | ble) | j Perso | 10% Ov | ner |
|---|---|--|---|--------|---|---|-----------------------|---------|---|-------------------|-----------------------|--|--------------------|---|---|--|---------------------|--|---------------------------------------|
| (Last) 6903 RO SUITE 1 | CKLEDGE | irst) DRIVE | (Middle) | | 1 | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2013 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | C lad | Officer (| | ive title Other below | | | |
| (Street) BETHES (City) | | ID tate) | 20817 (Zip) | | _ 4. | . IT AM | enament, L | pate of | Original | -iiea | (мопти/да | y/ Year) | | Line) | Form file | ed by One | Repor | ting Person One Report | |
| | | Ta | able I - Noi | n-Der | ivati | ive S | ecurities | s Ac | quired, | Dis | posed o | of, or | Ben | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | ties Acc | quired (Instr. | (A) or 3, 4 and 5) | nd 5) Securities Beneficially Owned Follow | | Form: (D) or I | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Restricted-Annual Director Stock Award | | | 10/1 | 15/20 | 5/2013 | | J ⁽¹⁾ | | 451.89 | 96 | A | \$17.66 | 66,956.4614 | | | D | | | |
| Restricted-Special One Time Award | | | 10/1 | 15/20 | /2013 | | J ⁽¹⁾ | | 91.954 | 43 | A | \$17.66 | 13,624.5518 | | | D | | | |
| Common | ommon Stock | | | | | | | | | | | | 14,1 | 131 | | D | | | |
| | | | Table II - | | | | curities lls, warr | | | | | | | | 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/Year) | ite, T | Code (Instr. | | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | Secur | ities U ative S | Amount of Inderlying Security 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (I | | Date Exercisal | | Expiration Date | Title | 1 | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Non- Employee Director Def. Stock Units | \$0.0 | 10/15/2013 | | | J ⁽¹⁾ | | 199.8111 | | 10/15/20 | 13 1 | 12/31/2015 | Comm | | 199.8111 | \$17.66 | 29,605.3 | 3385 | D | |

Explanation of Responses:

1. Pursuant to the Non-Employee Directors' Deferred Stock Compensation Plan, reporting person is required to reinvest cash dividends in shares of additional Host Hotels & Resort's common stock.

By: Elizabeth A. Abdoo For: Robert M. Baylis

10/17/2013

** 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.