FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

HAMILTON JOANNE G.			. Date of Event Requiring Stater Month/Day/Yea 01/20/2010	ment	3. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST]							
(Last) 6903 ROCKL SUITE 1500	(First) EDGE DRIVE	(Middle)	1 2010			elationship of Reporting Perso ck all applicable) Director Officer (give title	10% Owne	r	5. If Amendment, Date of Original Filed (Month/Day/Year) 01/28/2010			
(Street) BETHESDA (City)	MD (State)	20817 (Zip)				Exec. Vice Preside	below) ent-HR			cable Line) Form filed by	Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (In		(Instr. 4) Conv		rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price o Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		
Non-Qualified	Stock Option (1	right to buy)	01/20/2010	01/20/2019		Common Stock	9,021(1)	12.2	25	D		

Explanation of Responses:

 $1. \ Amending \ the \ total \ number \ of \ stock \ options \ previously \ reported \ due \ to \ an \ error.$

By: Elizabeth A. Abdoo For:

Joanne G. Hamilton

03/05/2010

** 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 5 (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.