FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

F CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0 | | | | | | | | | | |
| | 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

| Name and Address of Reporting Person* BAGLIVO MARY | | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | elationship of eck all applica Director | Reporting Person(s) to Issuer ole) 10% Owner | | | |
|--|---|--|---|---|---|--|------|--|-----|--|--|----------------------------------|---|---|--|--|--|
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2019 | | | | | | | | Officer (below) | give title | | ther (sp elow) | ecify |
| SUITE 1500 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) BETHES | SDA M | A MD 20817 | | | | | | | | | - 1 | Y Form file | iled by One Reporting Person iled by More than One Reporting | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | |
| | | Ta | able I - Non-D | erivat | ive S | ecuritie | s Ac | quired, | Dis | posed o | of, or Be | neficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/E | | | | | | action 2A. Deemed Execution Date if any (Month/Day/Yea | | e, Transaction Dispose Code (Instr. | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | Beneficial Owned Fo | F y ([| . Ownersh form: Direct D) or Indirect) (Instr. 4) | ct In ect B O | 7. Nature of ndirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | Price | | nsaction(s) str. 3 and 4) | | " | nstr. 4) |
| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction | Owr Forr Dire or Ir (I) (I | nership n: ct (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 11(5) | | |
| Deferred Stock Units Div. Equiv. Rights | (1) | 10/15/2019 | | A | | 160.1635 | | (2) | | (2) | Common Stock | 160.1635 | \$0.0 | 2,791.434 | 17 | D | |

Explanation of Responses:

- 1. Each dividend equivalent right represents the right to receive one share of common stock of the Issuer.
- 2. The dividend equivalent rights accrued on deferred stock units or phantom stock held by the reporting person and will be settled in shares of the Issuer's common stock or cash on a date selected by the reporting person pursuant to the Issuer's Non-Employee Directors' Deferred Stock Compensation Plan (the "Plan").

By: /s/ William K. Kelso For: 10/17/2019 Mary L. Baglivo

** 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.