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 | STATEMEN |
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| obligations may continue. See | |
| Instruction 1(b). | Filed |

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* Haberman Gerard E. (Last) (First) (Middle) 15609 HADDONFIELD WAY | | | | | 3. C 01/ | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2015 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title X Other (specify below) SVP, Dev, Des & Construction / SVP, Dev, Des & Construction 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
|--|---|---|------------|--|-----------------|--|---|--|---|-------|---|--|---|---|---|---------------|---|---|--|
| (Street) GAITHERSBURG MD 20878 (City) (State) (Zip) | | | | | | 4. II Amendinent, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | le I - Nor | | | _ | | | | Dis | 1 | | | Ily Owner | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Dispos Code (Instr. 5) | | Disposed | urities Acquired (A) or sed Of (D) (Instr. 3, 4 a | | Benefic Owned | es ially Following | Form (D) o | : Direct r Indirect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | (******** | | | Code | v | Amount | ount (A) or (D) | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Restricted Stock 01/15/ | | | | | /2015 | /2015 | | A ⁽¹⁾ | | 26,72 | 4 A | \$23. | 76 60 | 60,024 | | D | | | |
| Common Stock | | | | | | | | | | | | | 53 | 53,014 | | D | | | |
| | | T | | | | | | | uired, D s, optior | | | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deeme Execution if any (Month/Da | tion Date, | | ction Instr. | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | |
| Non- Qualified Stock Option (right to buy) | \$0.0 | 01/15/2015 | | | A | | 6,609 | | 12/31/201 | 5 0 | 01/15/2025 | Common Stock | 6,609 | \$23.76 | 6,609 | | D | | |
| Non- Qualified Stock Option (right to | \$0.0 | | | | | | | | 01/22/201 | 4 0 | 01/22/2024 | Common Stock | 7,313 | | 7,313 | | D | | |

Explanation of Responses:

buy)

1. 1 year Performance Grant eligible for release based on satisfaction of performance objectives for 2015.

By: Elizabeth A. Abdoo For: Gerard E. Haberman

01/20/2015

** 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.