FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).			Filed						ies Exchang mpany Act o		934			per response:	0.5
1. Name and Address of Reporting Person* LENTZ MICHAEL E			2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST]						5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own X Officer (give title below) EVP, Development, D&C			Owner				
(Last) (First) (Middle) 4747 BETHESDA AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 02/09/2024									v)				
SUITE 1	300				4. If A	mendn	nent, Date o	f Origina	al File	d (Month/Da	y/Year)	6. l Lin	e)		p Filing (Check	
(Street) BETHES	SDA MI	D 2	0814											filed by Mo	re than One R	
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See						ant to a c					
		Table	I - No	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of	, or Be	neficia	Ily Own	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date		ition Date,	Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4		5. Amo Securit Benefic Owned	ies cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							۱ ۳٬							(I) (INStr. 4)		
								Code	v	Amount	(A) or (D)	Price	Report Transa		(i) (instr. 4)	(Instr. 4)
Common	Stock			02/09/2	2024				v	Amount 3,365	(A) or (D)	Price \$19.5	Report Transa (Instr. 3	ed ction(s)	D D	
Common	Stock	Tal	ole II -	Derivati	ve Se			Code F	Disp		D D D	\$19.5	Report Transa (Instr. 3	ed ction(s) 3 and 4) 479.1449		

Date

Exercisable

Expiration Date

Explanation of Responses:

By: /s/ William K. Kelso, Attorney-in-Fact For: Michael 02/11/2024 Lentz

** 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.