FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OIVID AFFROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* BAYLIS ROBERT M | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | k all applica Director | | | 10% Ov | mer | |
|---|---|---|---|---|---|--|------------------|--|--|------------------|----------------|-------------------|---|----------------------------|---|--|--|--------|
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE SUITE 1500 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/16/2012 | | | | | | | | | Officer (give title below) | | | Other (s below) | pecify |
| (Street) BETHES (City) | SDA M | ID state) | 20817 (Zip) | | 4. If Am | endment, [| Date o | f Original F | iled (| Month/Da | y/Year) | | 6. Ind Line) | | d by One | Repor | Check Appliting Person One Report | |
| | | Ta | able I - Non | -Deriva | tive S | ecuritie | s Ac | quired, | Dis | osed c | of, or B | enef | icially | Owned | | | | |
| | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | 5. Amount Securities Beneficial Owned Fo | ly | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A (D | or | Price | Reported Transaction (Instr. 3 ar | on(s) nd 4) | | | (Instr. 4) | |
| Restricted-Annual Director Stock Award 04 | | | | 04/16/2 | 5/2012 | | J ⁽¹⁾ | | 198.6 | 62 | A | \$16.38 | 54,433.3976 | | | D | | |
| Restricted-Special One Time Award | | | 04/16/2 | 5/2012 | | J ⁽¹⁾ | | 48.08 | 75 | A | \$16.38 | 13,175.9706 | | | D | | | |
| Common Stock | | | | | | | | | | ĺ | | 14,131 | | | D | | | |
| | | | Table II - I | | | curities Ils, warr | | | | | | | | wned | | , | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Executi (Month/Day/Year) if any | 3A. Deemed Execution Date if any (Month/Day/Ye | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | Securities Under | | lerlying urity | lying Derivative | | er of e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Nu | nount or mber of ares | | Transact (Instr. 4) | ion(s) | | |
| Non- Employee Director Def. Stock Units | \$0.0 | 04/16/2012 | | J ⁽¹⁾ | | 104.4912 | | 04/16/2012 | 2 1 | 2/31/2015 | Commo Stock | 1 10 | 4.4912 | \$16.38 | 28,630. | .599 | 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

04/17/2012

** 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.