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 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

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

| 1. Name and Address of Reporting Person* KOROLOGOS ANN MCLAUGHLIN | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|----------|---|--|----------------------------------|---|--|--|--|
| | | | <u></u> | X | Director | 10% Owner | | | |
| | | | | | Officer (give title | Other (specify | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2013 | | below) | below) | | | |
| 6903 ROCKLEDGE DRIVE | | | 0//13/2013 | | | | | | |
| SUITE 1500 | | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | ng (Check Applicable | | | | | |
| (Street) | | | | X | Form filed by One Re | porting Person | | | |
| BETHESDA | MD | 20817 | | | Form filed by More the Person | orm filed by More than One Reporting erson | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially | (D) or Indirect | 7. Nature of Indirect Beneficial |
|--|--|---|-----------------------------|---|--|---------------|---------|---|-----------------|--|
| | | (Month/Day/Year) | 8) Code | v | Amount | (A) or (D) | Price | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Ownership (Instr. 4) |
| Restricted-Annual Director Stock Award | 07/15/2013 | | J ⁽¹⁾ | | 403.0579 | Α | \$18.04 | 66,504.5617 | D | |
| Restricted-Special One Time Award | 07/15/2013 | | J ⁽¹⁾ | | 82.0157 | Α | \$18.04 | 13,532.6018 | D | |
| Common Stock | | | | | | | | 1,112 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3A. Deemed Execution Date, 8. Price of Derivative 3. Transaction 5. Number of 6. Date Exercisable and 7. Title and Amount 9. Number of 10. Ownership 11. Nature Conversion Date Transaction of Indirect Derivative Expiration Date of Securities derivative Security (Instr. 3) or Exercise Price of Code (Instr. 8) Underlying Derivative Security Security (Instr. 5) (Month/Day/Year) if any (Month/Day/Year) Securities (Month/Day/Year) Securities Form: Direct (D) Beneficial Acquired (A) Beneficially Ownership Derivative or Disposed (Instr. 3 and 4) Owned or Indirect (Instr. 4) of (D) (Instr. 3, 4 and 5) Following Reported Security (I) (Instr. 4) Transaction(s) Amount (Instr. 4) Date Expiration Number (D) Exercisable Date of Shares Code v (A) Title Non-Employee Commor Director \$<mark>0.0</mark> 07/15/2013 **J**(1) 15.6812 07/15/2013 12/31/2015 15.6812 \$18.04 2,587.4099 D Stock Def. Stock Units

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: William K. Kelso For: Ann 07/16/2013 McLaughlin Korologos

** 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.

OMB APPROVAL