FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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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

| 1. Name and Address of Reporting Person* GOLDEN TERENCE C | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | 5. Relationship of Reporting Per (Check all applicable) X Director | | | n(s) to Issue | |
|--|---|--|---|---|---|---|-------------------------------|--|-----------------------------------|-----------------|-------------------------|---|-------------------------------------|---|--|---|---|---|
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE SUITE 1500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2009 | | | | | | | | | give title | | Other (s below) | pecify |
| (Street) BETHESDA MD 20817 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (3 | State) | (Zip) | Dorivo | tive C | oouriti | | | uirad D | ion | oood of | or Bon | oficially | Oumad | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/l | | | | | tion | 2A. Dee Execution | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securitie | es Acquired | | 5. Amount Securities Beneficial Owned Fo Reported | у | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transactio (Instr. 3 an | | | | (IIISU. 4) |
| Common Stock | | | | | | | | | | | | | 31,637 | | | D | | |
| Restricted-Annual Director Stock Award | | | | | | | | | | | | | 24,901.3747 | | | D | | |
| 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) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | e and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exe | e rcisable | Ex _l | piration te | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Non- Employee Director Def. Stock Units | \$0 | 04/30/2009 | | A | | 343.261 | | 04/3 | 30/2009 ⁽¹⁾ | 12/ | /31/2015 ⁽¹⁾ | Common Stock | 343.261 | \$7.89 | 15,066. | 8078 | D | |

Explanation of Responses:

1. The stock units were accrued under the Host Hotels & Resorts Inc.'s Non-Employee Directors' Deferred Stock Compensation Plan and are to be settled in Host Hotel & Resorts' common stock in a lump sum or equal annual installments over a period not to exceed ten (10) years upon the reporting person's termination of service as a Director.

By: Elizabeth A. Abdoo For: Terence C. Golden

05/01/2009

** 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.