FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ashington, D.C. 20549 | |
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| OMB APPROVAL | | | | | | | | | |
|-----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bur | den | | | | | | | | |

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). |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | | or Sec | tion 30(n) | or the i | invesimen | l Coi | прапу Асі | 01 1940 | | | | | | | | |
|--|---|--|--|--|--|---|--|--------------------|---|-----------------------|------------------|--|--|--|---|---|--|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* GOLDEN TERENCE C | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| GOLDEN TEKENCE C | | | | | | | | | | | | | | X | Director | | | 10% Ov | vner | |
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2015 | | | | | | | | | Officer (below) | give title | | Other (s below) | specify | |
| | | DRIVE | | | | | | | | | | | | | | | | | | |
| SUITE 1500 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | Z Z | Form file | ad by One | Donor | tina Darcon | | |
| BETHES | SDA M | ID | 20817 | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | T | able I - Nor | n-Deri | ivati | ive S | ecurities | s Acc | quired, | Dis | posed o | of, or I | Bene | ficially | Owned | | | | | |
| Date | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | 4. Securi Disposed | | | A) or 3, 4 and 5) | | | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | () () | () or () | Price | Transactio (Instr. 3 ar | | | | (Instr. 4) | |
| Restricted-Annual Director Stock Award | | | | 04/1 | 15/2015 | | | | J ⁽¹⁾ | | 592.3027 | | A | \$19.93 | 59,615 | 5.2634 | | D | | |
| Common Stock | | | | | | | | | 36,687.1778 | | | D | | | | | | | | |
| | | | Table II - | | | | curities Ils, warr | | | | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Co | ransa ode (I | ction Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercise Expiration Date (Month/Day/Yea | | | 7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | Own Forn Illy Dire or In (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | | Date Exercisabl | | xpiration ate | Title | N | mount or umber of nares | | Transact (Instr. 4) | | | | |
| Non- Employee Director Def. Stock | \$0.0 | 04/15/2015 | | J | J ⁽¹⁾ | | 194.3974 | | 04/15/201 | 5 1 | 2/31/2015 | Commo Stock | | 94.3974 | \$19.93 | 19,566. | 0969 | 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: Terence C. Golden

04/16/2015

** 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.