FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| hours per response       | 0.5       |  |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

|  | of Section 30(ii) of the investment company fact of 1340 |       |                     |  |  |   |  |   |  |   |  |  |
|--|--|-------|---------------------|--|--|---|--|---|--|---|--|--|
| 1. Name and Address of Reporting Person*  LARSON GREGORY J  2. Date of Event Requiring Statement (Month/Day/Year) 02/05/2005 |  |       |                     | nent   | 3. Issuer Name and Ticker or Trading Symbol HOST MARRIOTT CORP/ [ HMT ]                    |   |  |   |  |   |  |  |
| (Last)<br>6903 ROCKL<br>15TH FLOOF   | 903 ROCKLEDGE DRIVE                                      |       | G_103/_2005         |  | Relationship of Reporting Pers (Check all applicable)     Director     Officer (give title | 10% Owner<br>Other (specify               |  | 5. If Amendment, Date of Original Filed (Month/Day/Year) 02/15/2005 |  |   |  |  |
| (Street) BETHESDA  |  | 20817 |                     |  | Sr. Vice President of  |   | below)<br>& Treasurer                  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |  |
| (City)   | (State)  | (Zip) |                     |  |  |   |  |   |  |   |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |  |       |                     |  |  |   |  |   |  |   |  |  |
| 1. Title of Security (Instr. 4)  |  |       |                     |  |  | nt of Securities<br>ally Owned (Instr. 4) |  |   | 4. Nature of Indirect Beneficial Ownership (Instr. 5)  |   |  |  |
| Deferred Bonus Stock Award   |  |       |                     |  |  | 3,856                                     | D                                      |   |  |   |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)           |  |       |                     |  |  |   |  |   |  |   |  |  |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercisa Expiration Date (Month/Day/Year                                 |  |       | ate                 | and 3. Title and Amount of Securiti Underlying Derivative Security |  |   |  | rsion (   | 5.<br>Ownership<br>Form:<br>Direct (D)   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |
|  |  |       | Date<br>Exercisable | Expiration<br>Date   | n Title  |   | Amount<br>or<br>Number<br>of<br>Shares | Deriva<br>Securi  | tive   | or Indirect<br>(I) (Instr. 5)                               |  |  |

**Explanation of Responses:** 

By: Elizabeth A. Abdoo For: Gregory J. Larson 04/26/2005

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.