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* <u>Preusse Mary Hogan</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|--|--|--------|-------|---|---|---|--------------|--------------------------------------|-----|--|---|--|-----------------------------------|---|--|--|-------------------------------------|--|
| (Last) 6903 RO | 903 ROCKLEDGE DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2019 | | | | | | | | | | r (give title) | | Other (s below) | specify |
| SUITE 1500(Street) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/20/2019 | | | | | | | | | | or Joint/Group Filing (Check Applicable on filed by One Reporting Person | | | |
| BETHESDA MD 20817 | | | | | | | | | | | | | | | X | | filed by Mor | d by More than One Repo | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | uriti | es A | cqui | red, D | isp | osed | of, or Be | eneficia | lly O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Dat | | | | 3. Transacti Code (Ins 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securiti | | ies For ially (D) Following (I) (| | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | (| Code V | , | Amount | (A) (D) | Price | Trancac | | tion(s) | | | (Instr. 4) |
| | | Т | able II - [) | | | | | | | | | | , or Ben ble sec | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | ransaction ode (Instr. | | vative crities cired r osed) r. 3, 4 | Expi | ate Exerc iration Da nth/Day/Y | ate | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Pri Deriv Secu (Instr | ative rity | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Exi | piration te | Title | Amount or Number of Shares | | | | | | |
| Deferred Stock Units- Lump Sum Vesting | (1) | 05/16/2019 | | | A | | 0 | | | (2) | | (2) | Common Stock | 0 | \$0 |).0 | 13,305.15 | 56 | D | |

Explanation of Responses:

- 1. Each deferred stock unit represents the right to receive one share of common stock of the Issuer.
- 2. The deferred stock units were granted to the director in lieu of an annual stock award, are fully vested and will be settled in shares of the Issuer's common stock on a date selected by the reporting person pursuant to the Host Hotel's & Resorts, Inc.'s Non-Employee Directors' Deferred Stock Compensation Plan.

REMARK TO FORM: This amendment is being filed because on May 16, 2019, the Reporting Person filed a Form 4 reporting an award of 7,238.8831 Deferred Stock Units-Lump Sum Vesting that did not in fact occur.

> By: William K. Kelso For: 07/22/2019 Mary Hogan Preusse

** 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.