FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

hours per response

OMB Number: 3235-0287 Estimated average burden

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>Bair Sheila Colleen</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)					
													Oirector		10% Owner		ner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)			Other (specify below)		
6903 ROCKLEDGE DRIVE						10/15/2018												
SUITE 1500																		
(Street) BETHESDA MD 20817			20817		4. If Amendment, Date of Original Filed (Month/Day/Year)							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)										roill life	d by More	man	ле кероп	ig Feison	
		-	Γable I - Non-Γ	Deriva	tive S	Securitie	s A	cquired, D	Disposed	l of, or B	enefic	ially (Owned					
1. Title of Security (Instr. 3)				Transac ate Ionth/Da		2A. Deemed Execution Date, if any (Month/Day/Yea		e, Transaction Dispo		urities Acquired (A) or sed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficiall Owned Fol	y	6. Own Form: I (D) or I (I) (Inst	Direct I Indirect E tr. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									/ Amou	nt (A)	t (A) or (D)		Reported Transaction (Instr. 3 and	n(s) d 4)				
			Table II - De					quired, Dis					vned					
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)	Code (Instr.		Derivative		6. Date Exercisable at Expiration Date (Month/Day/Year)		7. Title and Amoun Securities Underlyi Derivative Security (Instr. 3 and 4)		ying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiratior Date	Title	Amou Numb Share	er of		Transacti (Instr. 4)	on(s)			
Deferred Stock Units Div. Equiv. Rights- Lump Sum Vesting	(1)	10/15/2018		A		486.3585		(2)	(2)	Common Stock	486	3585	\$19.18	5,825.60	605	D		
Deferred Stock Units- Lump Sum	(4)							(3)	(3)	Common Stock	41,30)2.476		41,302.4	476	D		

Explanation of Responses:

- 1. Each dividend equivalent right represents the right to receive one share of common stock of the Issuer.
- 2. The dividend equivalent rights accrued on deferred stock units held by the reporting person and will be settled in shares of the Issuer's common stock on a date selected by the reporting person pursuant to the Issuer's Non-Employee Directors' Deferred Stock Compensation Plan (the "Plan").
- 3. The deferred stock units 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 Plan.
- 4. Each deferred stock unit represents the right to receive one share of common stock of the Issuer.

By: Elizabeth A. Abdoo For: Sheila Colleen Bair

10/16/2018

** 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.