FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

OMB APP	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response	0.5								

	tion 1(b).	iuc. occ		Filed							ies Exchang mpany Act o		f 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* HAMILTON JOANNE G.				2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST]									Check	all app Direc	tor	ng Per	10% Ov	vner	
(Last) (First) (Middle) 4747 BETHESDA AVENUE SUITE 1300				3. Date of Earliest Transaction (Month/Day/Year) 11/24/2020								X Officer (give title Other (specify below) EVP, Human Resources							
(Street) BETHES (City)			0814 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indiv ine) X					
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Da		ate,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Se Be Ov		. Amount of securities seneficially owned following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	r Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 11/24/2					2020		S		3,091	D	\$14.	.841 12		25,250		D			
		Tal	ble II -								osed of, convertib				Owne	d		,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execuif any	3A. Deemed Execution Date, If any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da h/Day/\		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	Deri Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code V		v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares									

Explanation of Responses:

By: William K. Kelso For: Joanne G. Hamilton

11/25/2020

** 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.