FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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).

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*  WALTER W EDWARD							2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [ HST ]								k all applic Directo Officer	nship of Reporting Person(s) to Issuer applicable) Director 10% Owner Officer (give title Other (specify				
	st) (First) (Middle) 03 ROCKLEDGE DRIVE ITE 1500					3. Date of Earliest Transaction (Month/Day/Year) 08/05/2016								X Officer (give title Other (specify below) below)  President & CEO						
(Street) BETHESDA MD 20817					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form fi	led by One	p Filing (Check App ne Reporting Person ore than One Report		n	
(City) (State) (Zip)				-										Person			TONE Repor	ung		
		Tal	ole I - No	on-Deri	vativ	e Se	curiti	ies A	cauirea	d. Di	sposed	of, or B	enefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Tran					saction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	Transaction Code (Instr.		ties Acquire I Of (D) (Insi	d (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				08/05/2016					S		40,000	0 D	\$17	.8253	385	385,363		D		
Common Stock				08/05/2016					G		20,000	0 D \$		0.0	365,363		D			
Common Stock - Trust				08/05/2016					S		30,000	0 D \$17.		.8253	30,000				by Daughter	
Common Stock - Trust 08/					/2016				S		30,000	0 D	\$17	.8253	30,	0,000		I	by Son	
Common Stock - Other													6		,000		I	by LLC		
Restricted Stock													50		,362 D		D			
		•	Table II									f, or Ber tible sec			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	ned n Date,	4. Transact Code (In		5. Number 6		6. Date Exercisable Expiration Date (Month/Day/Year)		able and	7. Title an of Securit Underlyin	and Amount irities ving ive Security		B. Price of Derivative Security Instr. 5)  Beneficial Security Beneficial Security Owned Follow Report Transa (Instr. 4)		ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Sha	er						
Non- Qualified Stock Option (right to buy)	\$14.2								12/31/20	16 (	02/04/2026	Common Stock	152,5	542		152,54	2	D		
Non- Qualified Stock Option (right to buy)	\$16.23								12/31/20	12 (	01/20/2022	Common Stock	48,9	79		48,979	9	D		
Non- Qualified Stock Option (right to buy)	\$16.55								12/31/20	13 (	02/05/2023	Common Stock	85,8	75		85,875	5	D		
Non- Qualified Stock Option (right to buy)	\$19.57								12/31/20	14	01/22/2024	Common Stock	95,9	49		95,949	9	D		
Non- Qualified Stock Option (right to buy)	\$23.76								12/31/20	15	01/15/2025	Common Stock	86,7	05		86,705	5	D		

By: Elizabeth A. Abdoo For:

W.E. Walter

\*\* Signature of Reporting Person

Date

08/09/2016

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 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.