FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| OMB APPR | OVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | | | | | or S | Section | 1 30(h) | of the i | Investme | ent Co | mpany Act | of 19 | 40 | | | | | | |
|--|---|--|---|----------|--|---|---|----------|--|---------|-----------------------|---|---|---|---|-------------------------------------|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* MORSE JOHN B JR | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | | | ector icer (give title | | Owner | | |
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2010 | | | | | | | | | Of be | er (specify w) | | | |
| SUITE 1 | 500 | | | | 4 If | Amer | dment | Date | of Origin | al Eilo | d (Month/Da | av/Va | ar) | 16 | Individua | or loint/Grou | p Filing (Check | Annlicable | |
| | | | | | - 4. " | AIIIEI | ument, | , Date t | or Origina | ai File | u (WOHUI)Da | ду/ ГС | ai) | | ine) | or John Grou | p Filling (Check | Applicable | |
| (Street) | | | | | | | | | | | | | | | X Fo | rm filed by On | e Reporting Pe | rson | |
| BETHES | SDA M | D 2 | 20817 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | /ative | Sec | uritie | s Ac | quired | l, Dis | posed o | f, oı | r Ben | efici | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | | d 5) Sec Ber Ow | mount of urities eficially ned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trai | orted saction(s) tr. 3 and 4) | | (Instr. 4) | |
| Restricted-Annual Director Stock Award 05/06/2 | | | | 2010 | 010 | | A | | 4,879.63 | 56 | A | \$15 | 3.37 28 | 3,454.3516 | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 3,000 | D | | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | y Owne | d | | | |
| 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) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) (D) | | Date Exercisable | | Expiration Date | Amoun or Numbe of Title Shares | | nber | | | | | |

Explanation of Responses:

By: Elizabeth A. Abdoo For: John B. Morse, Jr.

05/07/2010

** 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.

(A) (D)