| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subjording Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | ect to |
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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

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| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
|--|---------|----------|--|----------|--|-------------------------------|--|--|--|--|
| (City) | (State) | (Zip) | | | Person | | | | | |
| (Street) BETHESDA | MD | 20817 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | idual or Joint/Group Filing Form filed by One Repo Form filed by More thar | orting Person | | | | |
| SUITE 1500 | | | 4. If Amondment Date of Original Filed (Menth/Day/Masy) | C. India | idual ar laint/Oraun Filing | (Chask Applicable | | | | |
| 6903 ROCKLEDGE DRIVE | | | 03/18/2011 | | EVP and C | FO | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | x | Officer (give title below) | Other (specify below) | | | | |
| 1. Name and Address of Reporting Person* HARVEY LARRY K | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | tionship of Reporting Pers all applicable) Director | son(s) to Issuer 10% Owner | | | | |
| | | | 1 | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|-----------------------------|---|------------------------------|---------------|----------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Common Stock | 03/18/2011 | | S | | 5,000 | D | \$17.504 | 205,273 | D | | |
| Restricted Stock | | | | | | | | 291,023 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe of (D | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---------------------------|--|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$0 | | | | | | | 12/31/2009 | 02/05/2019 | Common Stock | 40,466 | | 40,466 | D | |
| Non- Qualified Stock Option (right to buy) | \$0 | | | | | | | 12/31/2010 | 05/14/2019 | Common Stock | 82,671 | | 82,671 | D | |

Explanation of Responses:

By: Elizabeth A. Abdoo For: Larry K. Harvey

03/21/2011

Date

** Signature of Reporting Person

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.