FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasinington, | D.C. | 20343 | |
|--------------|------|-------|--|
| | | | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* KOROLOGOS ANN MCLAUGHLIN | | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | ck all applica | , | | on(s) to Issu 10% Ow | |
|--|---|--|--|------------------|---|--|---|------------------|--|--------|----------------------|---------------------------|----------------------|---|--|------------------------------|--|--|--------|
| (Last) 6903 RO SUITE 1 | CKLEDGE | irst) E DRIVE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2013 | | | | | | | | | Officer (below) | give title | Other (spec below) | | pecify |
| | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BETHES | SDA M | ID | 20817 | | _ | | | | | | | | |) | | • | | rting Person One Report | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Deri | ivativ | /e Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ber | eficially | Owned | | | | |
| | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr.) 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | I (A) or . 3, 4 and 5) | Beneficia Owned F | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | A) or D) | Price | Reported Transacti (Instr. 3 a | on(s) nd 4) | | | (Instr. 4) | |
| Restricted-Annual Director Stock Award 01/1 | | | | 01/1 | 5/201 | /2013 | | A ⁽¹⁾ | | 325.07 | 86 | A | \$16.78 | 60,934.1949 | | | D | | |
| Restricted | Restricted-Special One Time Award 01/2 | | | 01/1 | 5/201 | /2013 | | A ⁽¹⁾ | | 71.342 | 27 | A | \$16.78 | 8 13,372.7921 | | | D | | |
| Common | ommon Stock | | | | | | | | | | | | | 1,112 | | | D | | |
| | | | Table II - | Deriva (e.g., | ative puts | Sec , cal | urities ls, warr | Acqı ants | uired, E , optio | Disp | osed of, converti | or B | ene ecu | ficially (rities) | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code (| | | Derivative | | 6. Date Expiration (Month/D | n Date | of Securitie | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | С | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | <u>'</u> | |
| Non- Employee Director Def. Stock Units | \$0.0 | 01/15/2013 | | | A ⁽¹⁾ | | 13.6406 | | 01/15/20 | 13 1 | 12/31/2015 | Comr | | 13.6406 | \$16.78 | 2,556.8 | 546 | D | |

Explanation of Responses:

1. Pursuant to the Non-Employee Directors' Deferred Stock Compensation Plan, reporting person is required to reinvest cash dividends in shares of additional Host Hotels & Resort's common stock.

By: Elizabeth A. Abdoo For: Ann McLaughlin Korologos

01/17/2013

** 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.