FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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*						2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BLUHM MICHAEL D					111									1 .		Direc		10	% Own	ner
					-		- f F 1i	. T			D () ()			4		Office	er (give title v)		ther (sp elow)	pecify
(Last)	(Fi	rst) (Middle)					st Trans	action (ivi	ontn/	Day/Year)				Chief Financial Officer					
6903 ROCKLEDGE DRIVE				02/	02/08/2019											Cilici i iliu	nciui Oiric			
SUITE 1	500																			
SCITE 1500				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)					_		2019	,			(,	- /		ne)					
(Street) BETHES	DA M	D .	20817												X	Form	filed by One	e Reporting	Person	ı
BETHES	DA M	D 4	2081/													Form	filed by Mo	re than One	Reporti	ting
-					-											Perso	on		·	•
(City)	(S	tate) (Zip)																	
		Tabl	e I - Nor	า-Deriง	vative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wne	:d			
1. Title of S	Security (Inst	tr. 3)		2. Trans	saction		2A. Deer		3.	4. Securities Acquired (A							unt of	6. Ownersh		7. Nature
	, ,	•		Date (Month/	/Day/Ve		Execution Date, if any					sed Of (D) (Instr. 3,			4 and Secur Benef			Form: Direct (D) or Indirect		of Indirect Beneficial
(MOIII				((Month/Day/Year)				"				0	Owned Following ((I) (Instr. 4)	0	Ownership
										Code V		(A) or			Reported Transactio				l (Ir	(Instr. 4)
					Code	\ <u>'</u>	Amount	(D)		Price		(Instr. 3 and 4)								
Common Stock 02/08					8/2019)			A ⁽¹⁾		41,711 A		A	\$0	0.0 194,978		4,978	D		
		Ta	hle II - F)erivat	tive S	eci	ırities	Δεαιι	ired D	ienc	sed of,	or B	enefi	riall	v Owi	ned		,		
		10									onvertib				y O 111.	ica				
1. Title of	2.	3. Transaction	3A. Deem		4.		5. Number		6. Date E	7. Title and			8. Price		9. Number o			11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	Date,	Date, Transa Code (Expiratio (Month/D			Amount of Securities			Derivative Security		derivative Securities	Owners Form:		of Indirect Beneficial
(Instr. 3)	Price of	(Monthibay/Tear)	(Month/Day/				Securities		(montanz	Underlying			(Instr. 5)		Beneficially	Direct (D) O	Ownership		
Derivative Security								Acquired (A) or		Derivative Security (In			str. 3			Owned Following	or Indirect (I) (Instr. 4)		nstr. 4)	
							Disposed of (D) (Instr. 3, 4		and 4)							Reported		7		
																Transaction (Instr. 4)	(s)			
						and !	and 5)									[, , ,				
													Amo	ount						
													or Nun	her						
						l			Date		Expiration	 	of							
					Code	V	(A)	(D)	Exercisa	ble	Date	Title	Sha	res						

Explanation of Responses:

1. These shares represent restricted stock units which vest in three equal annual installments beginning on the first anniversary of the grant date and will be settled in shares of the Issuer's common stock.

By: Elizabeth A. Abdoo For: Michael D. Bluhm

02/13/2019

** 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.