## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Preusse Mary Hogan</u> |   |              |               |                      |         | Issuer Name and Ticker or Trading Symbol     HOST HOTELS & RESORTS, INC. [ HST ]      Jate of Earliest Transaction (Month/Day/Year)     05/17/2018 |       |          |  |           |   |                      |             |  | Cr   | Relationsh<br>eck all ap<br>X Dire                                | plicable)  | g Person(s) to Issuer<br>10% Owner<br>Other (specify<br>below) |     |
|--|---|--------------|---------------|----------------------|---------|--|-------|----------|--|-----------|---|----------------------|-------------|--|--|---|--|--|-----|
| (Last) 44 STUF   |   |              |               |                      |         |  |       |          |  |           |   |                      |             |  |  | Offic<br>belo   | er (give title<br>w)   |  |     |
| (Street) BRONX (City)  | VILLE I   | NY<br>State) | 107(<br>(Zip) |                      | 4       | 4. If Amendment, Date of Original Filed (Month/Day/  |       |          |  |           |   |                      | ay/Year     | )  | Lin  | e)<br><mark>X</mark> Forr   | n filed by One<br>n filed by Moi                                   | e Reporting Pers   | son |
|  |   |              | Table I       | - Non-D              | erivati | ve S   | ecu   | ıritie   | s Acc  | quired,   | Dis   | posed o              | f, or       | Bene   | ficial   | ly Own  | ed   |  |     |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D           |   |              |               | Execution D          |         |  | Date, | Code (Ir |  |           |   |                      |             | 5) Secui<br>Benet<br>Owne                          | icially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |     |
|  |   |              |               |                      |         |  |       | Code     | v  | Amount    | (A<br>(D  | ) or<br>)            | Price       |  | action(s)<br>3 and 4)  |   | (Instr. 4)   |  |     |
| Restricted-Annual Director Stock Award 05                          |   |              |               |                      | /17/201 | 2018   |       | A        |  | 6,893.156 |   | A                    | \$20.31 13, |  | 590.0942   | D   |  |  |     |
|  |   |              | Table         | e II - Deri<br>(e.g. |         |  |       |          |  |           |   | osed of,<br>onvertib |             |  |  | Owned   |  |  |     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                | 2.<br>Conversio<br>or Exercis<br>Price of<br>Derivative<br>Security |              | //Year) if a  |                      |         | nsactio  |       |          | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |           | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares |                      | tr. 3       | 8. Price of<br>Derivative<br>Security<br>Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |     |

**Explanation of Responses:** 

By: Elizabeth A. Abdoo For: Mary Hogan Preusse

\*\* Signature of Reporting Person Date

05/21/2018

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).