FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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

1. Title of Security	r (Instr. 3)		2. Transaction	2A. Deemed	3. Transaction	4. Securities Acquired (A)		5. Amount of	6. Owne		7. Nature	o
		Table I - Nor	n-Derivative S	Securities Acq	uired, Disp	osed of, or Benefic	ially O	wned				
(City)	(State)	(Zip)										
(Street) BETHESDA	MD	20817	4. If Ame 07/17/2	endment, Date of O 2019	riginal Filed (M	/onth/Day/Year)	6. Indiv X	Form filed by	oint/Group Filing (Check Applicabl iled by One Reporting Person iled by More than One Reporting F			
(Last) (First) (Middle) 6903 ROCKLEDGE DRIVE SUITE 1500			3. Date 0 07/15/2	of Earliest Transacti 2019	ion (Month/Da	y/Year)		below)		below)		
	, , , , , ,			r Name and Ticker (<u> FHOTELS &</u>	• •	^{nbol} [<u>S, INC.</u> [HST]		ationship of Repo (all applicable) Director Officer (give t		10% O Other ()wner (specify	
Section 16. Form obligations may Instruction 1(b).	continue. See			nt to Section 16(a) (ction 30(h) of the In		es Exchange Act of 1934 npany Act of 1940			Estimated avera	0	n 0.	.5

ecurity (Instr. 3)	2. Transaction	2A. Deemed	3.	4. Securities Acquired (A) or	5. Amount of	6. Ownership
	Date	Execution Date,	Transaction	Disposed Of (D) (Instr. 3, 4 and 5)	Securities	Form: Direct
	(Month/Day/Year)	if any	Code (Instr.			(D) or Indirect

 · · · ·						·	· · · ·		<u> </u>	٦
		Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1150.4)	
(Month/Day/Year)	if any (Month/Day/Year)	Code (I 8)	nstr.	tr.		Beneficially Owned Following Reported Transaction(s)		Beneficial Ownership (Instr. 4)		
	Execution Date,	IIalisa		Disposed OI (L	<i>)</i> (iiisu. 3		Securities	Form. Direct	Ownership	

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

	(org), paro, variante, optiono, conversion obcariato)														
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)		tion Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	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		Transaction(s) (Instr. 4)		
Deferred Stock Units Div. Equiv. Rights	(1)	07/15/2019		A		1,042.8537 ⁽²⁾		(3)	(3)	Common Stock	1,042.8537	\$0.0	21,685.9426	D	

Explanation of Responses:

1. Each deferred stock unit represents the right to receive one share of common stock of the Issuer.

2. The Form 4 filed on July 17, 2019 overstated the number of Deferred Stock Units Div. Equiv. Rights acquired by the reporting person by an immaterial amount. The transaction is restated on this report.

3. The dividend equivalent rights accrued on deferred stock units held by the reporting person and will be settled in shares of the Issuer's common stock on a date selected by the reporting person pursuant to the Issuer's Non-Employee Directors' Deferred Stock Compensation Plan (the "Plan").

By: William K. Kelso For: John

07/22/2019

** Signature of Reporting Person

B. Morse, Jr.

Date

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

 \ast 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.