FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* WALTER W EDWARD | | | | | | 2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [HST] | | | | | | | | | k all applic Directo | , | | on(s) to Issu 10% Ow Other (s | ner |
|---|---|--|---|-----------------------------|---|---|---|-------|--|-------|---|--|--------------------------------------|--|--|---|---|---|--|
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE SUITE 1500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2010 | | | | | | | | | below) | Presider | nt & C | below) | Ý |
| (Street) BETHESDA MD 20817 | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | ole I - No | n-Deri | vativ | e Se | curiti | ies A | cquired | , Dis | posed | of, or B | enefic | ially | Owned | | | | |
| Date | | | | 2. Trans Date (Month/ | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | and 5) Securiti Benefici Owned | | es ally Following | Form (D) or | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | | Amount | (A) (D) | Pric | e | Reported Transact (Instr. 3 a | action(s) | | | Instr. 4) |
| Common Stock 02/04 | | | | | 1/2010 | 2010 | | | J ⁽¹⁾ | | 387,9 | 68 A | \$11 | 1.035 | 877 | 877,407 | | D | |
| Common Stock 02/0 | | | | 02/04 | 1/2010 |) | | | F | | 171,6 | 48 D | \$11 | 1.035 | 705 | 5,759 | | D | |
| Restricted | l Stock | | | 02/04 | 1/2010 |) | | | J ⁽¹⁾ | | 387,9 | 68 D | \$11 | 1.035 | 5 1,487,032 | | | D | |
| | | | Table II - | | | | | | | | | f, or Be | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | e. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | kpiration ate | Title | Amour or Numbe of Sha | er | | | | | |
| Non- Qualified Stock Option (right to buy) | \$0 | | | | | | | | 12/31/200 | 9 02 | 2/05/2019 | Common Stock | 122,9 | 35 | | 122,93 | 35 | D | |
| Non- Qualified Stock Option | \$0 | | | | | | | | 12/31/201 | 0 05 | 5/14/2019 | Common Stock | 245,8 | 69 | | 245,86 | 69 | D | |

Explanation of Responses:

1. This transaction represents the release of restrictions on shares of restricted stock from the 2009 Performance Grant which vests on a periodic basis, and the inclusion of such shares into unrestricted common

By: Elizabeth A. Abdoo For:

W. Edward Walter

** Signature of Reporting Person

02/09/2010

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.