FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
OMB Number:	3235-0287							
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hours per response:	0.5							

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*  KOROLOGOS ANN MCLAUGHLIN					2. Issuer Name and Ticker or Trading Symbol HOST HOTELS & RESORTS, INC. [ HST ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KURULUGUS ANN MCLAUGHLIN													_ X	Director			10% Ow	ner		
(Last) 6903 RO	(Fi	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/15/2010								Officer ( below)	give title		Other (s below)	pecify		
SUITE 1500																				
							4. If Amendment, Date of Original Filed (Month/Day/Year) 04/19/2010								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					0-	<b>4</b> /13/.	2010						) j	Form fil	ed by One	Repor	rting Person			
BETHES	SDA M	ID	20817											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
		Ta	ble I - N	on-De	rivativ	ve S	ecurit	ies A	cquired	l, Di	sposed of	, or Ber	neficially	Owned						
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			Code (I	Transaction Disposed Of (D Code (Instr.				5. Amount of Securities Beneficially Owned Following		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				(Instr. 4)		
Restricted-Annual Director Stock Award 04/15/2					5/2010	010			J <sup>(1)</sup>		29.5098	A	\$15.03 <sup>(2)</sup>	44,382.8224 <sup>(3)</sup>			D			
Restricted-Special One Time Award 04/15/20					5/2010	.010		J <sup>(1)</sup>		8.63	A	\$15.03 <sup>(2)</sup>	12,979	9.6597 <sup>(3)</sup>		D				
			Table II								posed of, convertib			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code ( 8)		5. Number 6.		S. 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 derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares							
Non- Employee Director Def. Stock	\$0	04/15/2010			J		1.65		04/15/2010	) <sup>(1)</sup>	12/31/2015 <sup>(1)</sup>	Common Stock	1.65	\$15.03 <sup>(2)</sup>	2,481.688	34 <sup>(3)</sup>	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.
- 2. The price of the stock dividend is amended to reflect the closing price on the dividend payment date of 4/15/10 instead of the average stock price as previously reported.
- 3. Includes shares acquired as part of the Company's dividend paid on December 18, 2009. This number has been corrected from a previously filed report.

By: Elizabeth A. Abdoo For: Ann McLaughlin Korologos

05/13/2010

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.