#### Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 4

#### HEALTHCARE REALTY TRUST INC

Form 4

January 03, 2017

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

Expires:

3235-0287

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average

burden hours per

**OMB APPROVAL** 

response...

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

obligations may continue. See Instruction

1. Name and Address of Reporting Person \*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

BRYANT JOHN M JR			Symbol HEALTHCARE REALTY TRUST INC [HR]					Issuer (Check all applicable)			
(Last) (First) (Middle)  C/O HEALTHCARE REALTY  TRUST INCORPORATED, 3310  WEST END AVENUE, SUITE 700			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2016					Director 10% OwnerX Officer (give title Other (specify below)  Executive Vice President & GC			
NASHVILI	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	Table I - Non-Derivative Securities Acq					quired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	n Date 2A. Deemed Year) Execution Date, any (Month/Day/Yea		3. Transactio Code (Instr. 8)	4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	urities Form: Direct leficially (D) or led Indirect (I) lowing (Instr. 4) loworted loworted loworted		
Common Stock	12/31/2016			F	Amount 2,169 (1)	(D)	Price \$ 30.32	168,295	D		
Common Stock	01/01/2017			A	4,446	A	\$ 29.73	172,741	D		
Common Stock	01/02/2017			F	2,523 (1)	D	\$ 30.32	170,218	D		
Common Stock	01/03/2017			F	576 <u>(1)</u>	D	\$ 30.15	169,642	D		

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Ni Deriv Secu Bene

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

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerci	isable and	7. Titl	e and	8. Price of	9
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date		Amou	nt of	Derivative	J
	Security	or Exercise		any	Code	of	(Month/Day/Y	(ear)	Under	lying	Security	,
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)	]	
		Derivative				Securities			(Instr.	3 and 4)		(
		Security				Acquired						J
						(A) or						J
						Disposed						-
						of (D)						(
						(Instr. 3,						
						4, and 5)						
										Amount		
						Date	Expiration		or Number			
							Exercisable	Date				
				Code V	(A) (D)				of Charac			
					Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

BRYANT JOHN M JR C/O HEALTHCARE REALTY TRUST **INCORPORATED** 3310 WEST END AVENUE, SUITE 700 NASHVILLE, TN 37203

Executive Vice President & GC

### **Signatures**

/s/ Andrew E. Loope as power of 01/03/2017 attorney

> \*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- 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).
- (1) These shares were surrendered to the Company to satisfy tax withholding obligations.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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