### Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 3

#### HEALTHCARE REALTY TRUST INC

Form 3

January 05, 2017

## FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *  Hull Robert E		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR]					
(Last) (First)	(Middle)	01/01/2017	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
3310 WEST END A SUITE 700	VENUE,		(Check	k all applicable)		, , , , , , , , , , , , , , , , , , ,		
(Street) NASHVILLE, TN	JÂ 37203				below) _X_ Form filed by One Reporting			
(City) (State)	(Zip)	Table I - N	Non-Deriva	tive Securiti	ies Beneficially Owned			
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nati Owner (Instr.	•		
Common Stock		57,952		D	Â			
Common Stock		15		I	by ch	nild 1		
Common Stock		15		I	by ch	nild 2		
Common Stock		15		I	by ch	aild 3		
owned directly or indirect	etly.	ch class of securities benefic		SEC 1473 (7-02)	)			
inf	ormation conta	pond to the collection of ained in this form are not and unless the form displ	t					

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

currently valid OMB control number.

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1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

Conversion or Exercise Price of Derivative Security 5. 6. Nature of Indirect
Ownership Beneficial Ownership
Form of (Instr. 5)
Derivative

Security:

Direct (D)

Date Expiration Exercisable Date

Amount or Title Number of Shares

or Indirect ber of (I)
(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Hull Robert E 3310 WEST END AVENUE, SUITE 700 NASHVILLE Â TNÂ 37203	Â	Â	EVP - Investments	Â	

# **Signatures**

/s/ Andrew E. Loope, by power of attorney

01/05/2017

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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. 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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