Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 4

HEALTHCARE REALTY TRUST INC

Form 4

November 21, 2007

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per 0.5 response...

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

obligations

Check this box

SECURITIES

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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 may continue.

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

| (Print or Type Responses) | | |
|--|--|---|
| 1. Name and Address of Reporting Person * SINGLETON JOHN KNOX | 2. Issuer Name and Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR] | 5. Relationship of Reporting Person(s) to 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) 11/20/2007 | X Director 10% Owner Officer (give title below) Other (specify below) |
| (Street) | 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 |
| NASHVILLE, TN 37203 | | Form filed by More than One Reporting Person |

| (City) | (State) | (Zip) Tab | le I - Non- | Derivativo | e Secu | rities A | cquired, Dispose | d of, or Benef | icially Owned |
|--------------------------------------|--------------------------------------|---|---|---|------------------|------------|--|---|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securion(A) or Do (D) (Instr. 3, | ispose | d of | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (I) (Instr. 4) | |
| Common Stock | 11/20/2007 | | P | 2,000 | A | \$ 23.5 | 6,000 | I | Living Trust |
| Common Stock | 11/20/2007 | | P | 2,000 | A | \$ 23 | 8,000 | I | Living Trust |
| Common Stock | | | | | | | 8,542.195 | D | |
| Common Stock | | | | | | | 2,266.8009 | I | Trustee for Adel Road Management |

Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 4

| Stock Stock | 1,906.305 | I | IRA |
|-----------------|------------|---|--------|
| Common Stock | 9,657.4002 | I | Spouse |

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 (9-02)required to respond unless the form displays a currently valid OMB control number.

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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

| 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 (Instr. | 8) | 5. DiNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) |
|---|---|--------------------------------------|---|---------------------------------|----|---|---------------------|--------------------|-------|--|---|
| | | | | Code | V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|----------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| SINGLETON JOHN KNOX | | | | | | | | |
| C/O HEALTHCARE REALTY TRUST INCORPORATED | | | | | | | | |
| 3310 WEST END AVENUE, SUITE 700 | X | | | | | | | |
| NASHVILLE, TN 37203 | | | | | | | | |

Signatures

/s/Rita H. Todd as power of 11/21/2007 attorney Date

**Signature of Reporting Person

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). Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 4

| 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. |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |