## Edgar Filing: EMERY DAVID R - Form 4

Form 4	AVIDR									
January 03,	, 2013									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
Check this box							Number:	3235-0287		
if no lo	MENT OI	ENT OF CHANCES IN DENEELSIAL OWNED.					Expires:	January 31, 2005		
subject Section Form 4 Form 5 obligati	or Filed pu	rsuant to S	F CHANGES IN BENEFICIAL OWNERSHI SECURITIES Section 16(a) of the Securities Exchange Act of 1 Public Utility Holding Company Act of 1935 or 5					Estimated burden ho response.	ours per	
may co		• /		Investment Compa	-	•		1		
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> EMERY DAVID R			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		HEALTHCARE REALTY TRUST INC [HR]				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below)				
TRUST IN	LTHCARE REAL NCORPORATED, D AVENUE, SU	3310	12/31/	2012			· · · · · · · · · · · · · · · · · · ·	airman/CEO		
(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			
NASHVIL	LE, TN 37203						Form filed by M Person	lore than One I	Reporting	
(City)	(State)	(Zip)	Та	ble I - Non-Derivativ	e Secu	rities Ac	quired, Disposed of	, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	saction Date 2A. Deeme //Day/Year) Execution I any (Month/Da		3. 4. Securit Transaction(A) or Di Code (Instr. 3, ( (Instr. 8)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V Amount	or (D)	Price	(Instr. 3 and 4)	(Instr. 4)		
Common Stock	12/31/2012			A 40,629	А	\$ 24.01	921,331.7121	D		
Common Stock							1,448	Ι	By Trust	
Common Stock							166,652	I	By Family Limited Partnership	

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

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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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transactio		6. Date Exercised Expiration D	ate	7. Title Amou	nt of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		i ear)	Under Securi (Instr.	5 0	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships				
	Director	10% Owner	Officer	Other		
EMERY DAVID R C/O HEALTHCARE REALTY TRUST INCORPORATED 3310 WEST END AVENUE, SUITE 700 NASHVILLE, TN 37203	Х		Chairman/CEO			
Signatures						

/s/Rita H. Todd as power of 01/03/2013 attorney

<u>\*\*</u>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).

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.