Houghton Amanda Form 4 January 03, 2019

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

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if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person *

Houghton Amanda

2. Issuer Name and Ticker or Trading Symbol

HEALTHCARE TRUST OF

AMERICA, INC. [HTA] 3. Date of Earliest Transaction

(Month/Day/Year) 01/02/2019

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

10% Owner

Other (specify

C/O HEALTHCARE TRUST OF

(First)

AMERICA, INC., 16435 N.

SCOTTSDALE ROAD, SUITE 320

(State)

(Street) 4. If Amendment, Date Original

(Middle)

(Zip)

Filed(Month/Day/Year)

X_ Officer (give title below) EVP - Asset Management

Director

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

SCOTTSDALE, AZ 85254

1.Title of Security	2. Transaction Date (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D)				5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	(Niohali Day) Tear)	Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4 and 5)			Beneficially Owned	Form: Direct (D) or	Beneficial Ownership
					(A) or		Following Reported Transaction(s)	Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	01/02/2019		Code V A	Amount 34,759 (1)	(D)	Price \$ 25.31	(Instr. 3 and 4) 130,082	D	
Common Stock	01/02/2019		F	5,754 (2)	D	\$ 25.31	124,328	D	

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

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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 Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date	Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director

Houghton Amanda C/O HEALTHCARE TRUST OF AMERICA, INC. 16435 N. SCOTTSDALE ROAD, SUITE 320 SCOTTSDALE, AZ 85254

EVP - Asset Management

Signatures

/s/ Amanda Houghton by Robert A. Milligan, as attorney-in-fact, for Amanda Houghton

01/03/2019

**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).
- Represents the grant of restricted shares of the issuer's common stock, such grant to vest in three installments with 11,587 shares vesting **(1)** on January 2, 2020 and 11,586 vesting on each of January 2, 2021 and January 2, 2022.
- This transaction represents shares withheld by the issuer to satisfy its minimum tax withholding obligation in connection with the vesting of restricted shares previously granted to the reporting person.

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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