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

HEALTHCARE REALTY TRUST INC Form 4 January 03, 2017 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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 \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading EMERY DAVID R Issuer Symbol HEALTHCARE REALTY TRUST (Check all applicable) INC [HR] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director 10% Owner X\_Officer (give title Other (specify (Month/Day/Year) below) below) C/O HEALTHCARE REALTY 12/30/2016 Executive Chairman **TRUST INCORPORATED, 3310** WEST END AVENUE, SUITE 700 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting NASHVILLE, TN 37203 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature of Transaction Disposed of (D) Indirect Security (Month/Day/Year) Execution Date, if Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial anv (Month/Day/Year) (Instr. 8) Owned Following Direct (D) Ownership or Indirect Reported (Instr. 4) (A) Transaction(s)  $(\mathbf{I})$ or (Instr. 3 and 4) (Instr. 4) Code V (D) Price Amount Common 12/30/2016 Α 150,000 Α 286,914 D 30.32 Stock Common 4,801 (1) D 282,113 12/31/2016 F D 30.32 Stock Common 866,406.7121 Ι By Trust Stock

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)

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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 Exer	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities Acquired			(Instr. 3	and 4)		Owne
	Security										Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
				(Instr. 3,							
					4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title N of	umber		

### **Reporting Owners**

Reporting Owner Name / Address			Relationships						
	Director	10% Owner	Officer	Other					
EMERY DAVID R C/O HEALTHCARE REALTY TRUST INCORPORATED 3310 WEST END AVENUE, SUITE 700 NASHVILLE, TN 37203				Executive Chairman					
Signatures									
/s/ Andrew E. Loope as power of attorney	01/03/2017								
**Signature of Reporting Person	Date								
<b>Explanation of Responses</b>	5:								

#### \* 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 withholding tax 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.