Edgar Filing: Hutcheson Jennifer L - Form 4

Hutcheson J	ennifer L											
Form 4												
March 14, 2	019											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
UNITED STATES SECONTIES AND EACHANGE COMMISSION								JMMISSION	OMB	3235-0287		
Check this box if no longer STATEMENT OF CHAN				shington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OF					Number:	January 31,		
									Expires:	2005		
subject t Section	SECURITIES					Estimated average						
Form 4 c		SECONTIES							burden hours per response 0.5			
Form 5	Filed put	rsuant to S	Section 1	16(a) of th	ne Securi	ties H	Exchange	Act of 1934,				
obligatic may con		(a) of the l	Public U	Itility Hol	ding Co	npan	y Act of	1935 or Section	l			
See Instr		30(h)	of the In	nvestment	Compa	ny Ao	ct of 1940)				
1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person _2. IssueHutcheson Jennifer LSymbol				Iccuor					hip of Reporting Person(s) to			
			n Hospitality Properties, Inc.				(Check all applicable)					
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			Director		Owner		
ONE GAYLORD DRIVE (Month/E 03/14/2			onth/Day/Year)				XOfficer (give titleOther (specify below) below)					
			2019			·	SVP, Corporate Controller, CAO					
			endment, Date Original			(6. Individual or Joint/Group Filing(Check					
			onth/Day/Yea	r)		L	Applicable Line)					
NASHVILI	le, TN 37214							_X_ Form filed by Or Form filed by Mo				
		(7:						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactic Code (Instr. 8)		sed of		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	03/14/2019			S	1,892	D	\$ 82.3862	5,818	D			

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

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						_			or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
_											

Edgar Filing: Hutcheson Jennifer L - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Hutcheson Jennifer L ONE GAYLORD DRIVE NASHVILLE, TN 37214			SVP, Corporate Controller, CAO					
Signatures								
Scott J. Lynn, Attorney-in-Fact for Jennifer L. Hutcheson			03/14/2019					
**Signature of Reportin	g Person		Date					
Explanation of Re	enon	606'						

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.