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

### HEALTHCARE REALTY TRUST INC

Form 4

December 21, 2015

Check this box if no longer subject to Section 16. SECURITIES  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  SECURITIES  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  SECURITIES  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  SECURITIES  SECURITIES  SECURITIES  SECURITIES  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Flat plur of the public Utility Holding Company Act of 1934, obligations and yountinue. See Instruction 1935 or Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1935 or Section 17(a) of the Public Utility Holding Company Act of 1940  (Print or Type Responses)  1. Name and Address of Reporting Person 2 2. Issuer Name and Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR]  (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2015  (Crown Health Care Realty 12/18/2015  (Crown Health Care Realty 12/18/2015  (State) 4. If Amendment, Date Original Filed(Month/Day/Year) Applicable Line) X. Form filed by More than One Reporting Person (Code (Instr. 3, 4 and 5) Ownership Person (Instr. 4) (Instr. 4) Ownership Person (Instr. 4) (Instr. 3) Ownership Person (Instr. 4) (Instr. 3) Ownership Person (Indirect (Instr. 4) (Instr. 3) Ownership Person (Indirect (Instr. 4) (Instr. 3) Ownership Indirect (Instr. 4) (Instr. 3) Ownership Person (Indirect (Instr. 4) (In	<b>FORM</b>	1 <u>4</u>								OMB AP	PROVAL		
Expires: 2005 Section 16. Form 4 or Form 5 obligations may continue. See Instruction 16(b).  Print or Type Responses)  1. Name and Address of Reporting Person 2 Symbol HEALTHCARE REALTY TRUST INC [HR]  (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2015  COMPACT TRUST INCORPORATED, 3310  WEST END AVENUE, SUITE 700  (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 2 Security (Month/Day/Year) 2 Security (Month/Day/Year) 2 Execution Date, if Transaction(A) or (Month/Day/Year) 2 Security (Month/Day/Year) 3 Security (Month/Day/Year) 4 Securities Acquired 5 Securities Acquired 5 Securities Security (Month/Day/Year) 3 Securities Acquired 5 Securities Sec		UNITED	STATES					NGE (	COMMISSION				
Form 5 obligations may continue. See Instruction 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Public Utility Holding Company Act of 1940 or 1935 or Section 17(a) of the Public Utility Holding Company Act of 1940 or 1935 or Section 17(a) of the Public Utility Holding Company Act of 1940 or 1935 or Section 1940 or 194	if no longer subject to Section 16.  STATEMENT OF CHANGES IN BE SECURIT										2005 verage s per		
1. Name and Address of Reporting Person 2 Symbol    Manual Common   Symbol   Symbol	obligatio may con See Instr	ns Section 17	(a) of the	Public U	tility Hole	ding Com	npany	Act o	f 1935 or Section	·			
EMERY DAVID R    Symbol	(Print or Type l	Responses)											
INC [HR]  (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2015	EMEDIA DAMID D				er Name <b>and</b> Ticker or Trading								
C/O HEALTHCARE REALTY TRUST INCORPORATED, 3310 WEST END AVENUE, SUITE 700  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  Street  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  Table I - Non-Derivative Securities Acquired Security (Instr. 3)  (Month/Day/Year)  (State)  (Zip)  Table I - Non-Derivative Securities Acquired Security (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year) (Month/Day/Year)  (Instr. 3)  (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year) (Month/Day/Year)  (Instr. 3)  (A)  (Instr. 3 and 4)  (Instr. 3 and 4)  Common Stock  12/18/2015  A 35,216 A \$ 122,995  D  Exercited Date in below)  Chairman/CEO  6. Individual or Joint/Group Filing(Check  Applicable Line)						REALTY	Y TR	UST	(Check all applicable)				
TRUST INCORPORATED, 3310 WEST END AVENUE, SUITE 700  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  NASHVILLE, TN 37203  (City)  (State)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Instr. 3)  (Instr. 3, 4 and 5)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Instr. 4)  (Instr. 4)  (Instr. 4)  (Instr. 4)  (Instr. 3 and 4)  Code  (Instr. 3 and 4)  Common  Stock  12/18/2015  A  35,216 A  \$ 27.7  122,995  D  Rev. Trust	(Mont				nth/Day/Year)				X Officer (give title Other (specify below)				
NASHVILLE, TN 37203  (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1.Title of Security (Month/Day/Year) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Month/Day/Year) (Instr. 8) (Applicable Line)  Z. Form filed by One Reporting Person  Applicable Line)  Z. Form filed by One Reporting Person  Form: Glady Owned  5. Amount of 6. 7. Nature of Securities Acquired Securities Ownership Indirect (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8) (Instr. 8) (Owned Following (D) or Ownership (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 3) (Instr. 4) (In	TRUST INC	CORPORATED,	3310	12/16/2	.013				Cha	nirman/CEO			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (A) (A) (Instr. 3) (A) (A) (Instr. 3) (A) (A) (Instr. 3) (A) (A) (Instr. 3) (A) (Instr. 4) (Instr.	, , ,								Applicable Line) _X_ Form filed by One Reporting Person				
1.Title of Security (Month/Day/Year)	NASHVILI	LE, TN 37203							•	ore than One Rep	oorting		
Security (Instr. 3)  (Instr. 4)	(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	Securi	ities Aco	quired, Disposed of,	or Beneficiall	y Owned		
Common Stock 12/18/2015 A 35,216 A \$ 122,995 D  Common 696,889,7121 J By Trust	Security (Month/Day/Year) Execution (Instr. 3) any		n Date, if	on(A) or Dis	posed and 5	of (D)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership				
Stock 12/18/2015 A 35,216 A 27.7 122,995 D  Common 606,889,7121 L By Trust					Code V	Amount		Price	(Instr. 3 and 4)				
606 XXU /1/1 I Ry Truct		12/18/2015			A	35,216	A	\$ 27.7	122,995	D			
									696,889.7121	I	By Trust		

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.

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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		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
•	Director	10% Owner	Officer	Other	
EMERY DAVID R					
C/O HEALTHCARE REALTY TRUST INCORPORATED	v		Chairman /CEO		

X

3310 WEST END AVENUE, SUITE 700 NASHVILLE, TN 37203

Chairman/CEO

D ala4: a... ala:...

## **Signatures**

/s/Rita H. Todd as power of attorney

12/21/2015

\*\*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. 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.

Reporting Owners 2