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HEALTHCARE REALTY TRUST INC Form 3 March 01, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Douglas J Christopher			 Date of Event Requiri Statement (Month/Day/Year) 		3. Issuer Name and Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR]			
(Last)	(First)	(Middle)	03/01/2016		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
3310 WEST END AVENUE, SUITE 700			(C		heck all applicable)			
(Street) NASHVILLE, TN 37203				XOfficer (give title belo	Director 10% Owner X_Officer Other (give title below) (specify below) Executive VP & CFO		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person	
						Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I	- Non-Deriva	tive Securiti	ies Be	neficially Owned	
1.Title of Secur (Instr. 4)	ity		2. Amoun Beneficial (Instr. 4)	t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Common Ste	ock		30,551		D	Â		
Reminder: Repower	-	ate line for ea	ch class of securities bene	ficially	SEC 1473 (7-02	2)		
	inform	ation conta	oond to the collection ained in this form are r nd unless the form dis	not				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

OMB APPROVAL

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2005

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Douglas J Christopher 3310 WEST END AVENUE SUITE 700 NASHVILLE, TN 37203	Â	Â	Executive VP & CFO	Â		
Signatures						
/s/Rita H. Todd as power of attorney		03/01/2010	6			
<u>**</u> Signature of Reporting Person		Date				
Explanation of Responses:						

* If the form is filed by more than one reporting person, *see* Instruction 5(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.