## Edgar Filing: Meredith Todd J - Form 4

Meredith To	dd J											
Form 4												
December 11	1, 2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287			
Check the	is box		vv a	sinington,	D.C. 20	549				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	2005				
Subject to					ECURITIES					Estimated average		
Form 4 o								burden hours per response 0.5				
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							e Act of 1934,	. coponeen	0.0		
obligation may cont		17(a) of the	Public U	tility Hold	ding Con	ipany	Act of	1935 or Section	ı			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
	<b>,</b> ,											
(Print or Type I	Responses)											
1. Name and A	ddress of Reporti	ing Person *	2 Icena	Nome and	Ticker or	Tradir	NG	5. Relationship of	Reporting Pers	on(s) to		
Meredith To			Symbol	er Name and Ticker or Trading				Issuer				
HEALTHCARE REALTY TRUST												
INC [HR				(0				(Checl	heck all applicable)			
(Last)	(First)	(Middle)	-	Earliest Tr	ransaction			Director	10%	Owner		
				nth/Day/Year)				XOfficer (give title Other (specify				
3310 WEST	END AVEN	UE, SUITE	12/11/2	-				below) Presi	below) dent and CEO			
700								11001				
				Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
				Ionth/Day/Year)				Applicable Line)				
								_X_ Form filed by C Form filed by M				
NASHVILL	LE, TN 37203							Person		porting		
(City)	(State)	(Zip)	Tab	e I - Non-E	Derivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	lv Owned		
1.Title of	2. Transaction E	Date 2A Deer		3.	4. Securit		-	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year) Execution Date, if			-				Securities	Ownership	Indirect		
(Instr. 3)			Code	(Instr. 3, 4	and a	5)	Beneficially	Form: Direct				
		(Month/L	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
								Reported	(Instr. 4)	(11501. 1)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	12/11/2017			А	65,430	А	\$	419,701	D			
Stock	12/11/2017			11	05,450	11	32.63	17,701	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	te Exercisable and ation Date th/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Meredith Todd J 3310 WEST END AVENUE SUITE 700 NASHVILLE, TN 37203			President and (	CEO				
Signatures								
/s/ Andrew E. Loope as power attorney	of	12/11/2017						
<u>**</u> Signature of Reporting Person		D	ate					
Explanation of Re	enon	6061						

## **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.