Edgar Filing: Douglas J Christopher - Form 4

Douglas J Ch Form 4 December 21	-											
FORM	4 UNITE	D STATES						NGE (COMMISSION		PPROVAL 3235-0287	
								irs per				
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Douglas J Christopher			2. Issuer Name and Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Date of Earliest Transaction /onth/Day/Year) 2/21/2018					Director 10% Owner X Officer (give title Other (specify below) below) Executive VP & CFO			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
NASHVILL	E, TN 37203								Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		Code (Instr.	8)	4. Securi mAcquired Disposed (Instr. 3, Amount	l (A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/21/2018			G		3,730	D	\$0	152,180	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. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(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		
					() (-)			~~~~~		
Dono	tina A									

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Douglas J Christopher 3310 WEST END AVENUE SUITE 700 NASHVILLE, TN 37203			Executive VP	& CFO				
Signatures								
/s/ Andrew E. Loope as power attorney	12/21/2018							
**Signature of Reporting Person		D	ate					
Evelopetion of De								

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.