Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 4

HEALTHCARE REALTY TRUST INC

Form 4 May 18, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction 1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person **
Sullivan Bruce D

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

HEALTHCARE REALTY TRUST

(Check all applicable)

INC [HR]

05/17/2011

(Month/Day/Year)

(Middle) 3.

3. Date of Earliest Transaction

__X__ Director ____ Officer (give title

Issuer

_____ 10% Owner _____ Other (specify

C/O HEALTHCARE REALTY TRUST INCORPORATED, 3310 WEST END AVENUE, SUITE 700

(First)

(Street) 4. If Amendment, Date Original

 $6.\ Individual\ or\ Joint/Group\ Filing (Check$

Filed(Month/Day/Year)

Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

NASHVILLE, TN 37203

(City) (State) (Zip)

05/17/2011

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Month/Day/Year) 2A. Deemed 3. Execution Date, if Transaction Transaction Date, if Security (Instr. 3) 2A. Deemed 3. Execution Date, if Transaction Date, if Transaction Date, if Month/Day/Year (Month/Day/Year) Code (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s)

(A) Transaction(s)
Or (Instr. 3 and 4)

A 3,425 A \$ 20,424.18 D

Common Stock

Common

Stock

2,235.209 I Spouse

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.

SEC 1474

(9-02)

1

Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 4

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		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate Amou		nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3, 4, and 5)						
									Amount		
						Date Expiration Exercisable Date	Expiration	Title	or		
							*		Number		
							Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

Sullivan Bruce D C/O HEALTHCARE REALTY TRUST INCORPORATED 3310 WEST END AVENUE, SUITE 700 NASHVILLE, TN 37203



Signatures

/s/Rita H. Todd as power of attorney

05/18/2011

**Signature of Reporting Person

Date

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