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HEALTHCARE REALTY TRUST INC

Form 4 June 30, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

5. Relationship of Reporting Person(s) to

3235-0287

January 31, Expires:

OMB APPROVAL

2005

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

SINGLETON JOHN KNOX (Last) (First) (Middle)			Symbol HEALTHCARE REALTY TRUST INC [HR] 3. Date of Earliest Transaction (Month/Day/Year)					Issuer (Check all applicable)			
								X Director 10% Owner Officer (give title Other (specify			
C/O HEALTHCARE REALTY TRUST INCORPORATED, 3310			03/01/2016					below)	below)		
WEST END	O AVENUE, SU	ITE 700									
	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					
NASHVILI						Form filed by More than One Reporting Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner									y Owned		
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Da			3. Transaction Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	Securities O Beneficially F Owned (I Following Ir Reported (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Or			Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/01/2016			P	2,250	A	\$ 29.473	28,321.846	D		
Common Stock	06/09/2016			P	2,983	A	\$ 33.52	35,493.846	D		
Common Stock								2,000.2174	I	Living Trust	

IRA

3,306.305

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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)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amount of		Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/Year)		Underlying		Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	;		Securities (Instr. 3 and 4)		(Instr. 5)]
	Derivative				Securities						(
	Security				Acquired						J
					(A) or]
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration e Date	Title Num			
						Exercisable			of		
				Code V	(A) (D)						
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SINGLETON JOHN KNOX C/O HEALTHCARE REALTY TRUST INCORPORATED 3310 WEST END AVENUE, SUITE 700 NASHVILLE, TN 37203



Signatures

/s/Rita H. Todd as power of attorney 06/30/2016

**Signature of Reporting Person Da

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