### Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 4

#### HEALTHCARE REALTY TRUST INC

Form 4

December 26, 2012 **FORM 4** 

	UNITED	STATES			AND EX 1, D.C. 20		ANGE CO	OMMISSION	OMB Number:	3235-0287		
if no long subject to Section 1 Form 4 o Form 5 obligation may cont	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction  See Instruction  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  SECURITIES  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Company Act of 1935 or Section 17(a) of the Public Utility Holding Company Act of 1940							Act of 1934, 1935 or Section	Expires: January 31 2005 Estimated average burden hours per response 0.5			
Print or Type I	Responses)											
1. Name and A Meredith To	2. Issuer Name and Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)						
(Last)	(Last) (First) (Middle)			of Earliest T Day/Year)	Fransaction	L		Director 10% OwnerX_ Officer (give title Other (specify				
3310 WEST 700	END AVENUI	E, SUITE	12/21/2	•			:	below) Executive	below) V.P Investm	nents		
				endment, I onth/Day/Ye	Oate Origin ar)	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NASHVILL	E, TN 37203						:	Form filed by Mo Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-	-Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	action Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi ord Dispo (Instr. 3,	sed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/21/2012			S	2,946	D	\$ 24.0161	19,483	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.

SEC 1474

(9-02)

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

**OMB APPROVAL** 

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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. Transactic Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Meredith Todd J 3310 WEST END AVENUE

SUITE 700 Executive V.P. - Investments

NASHVILLE, TN 37203

## **Signatures**

/s/Rita H. Todd as power of attorney 12/26/2012

\*\*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.

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