## Edgar Filing: HEALTHCARE REALTY TRUST INC - Form 3

#### HEALTHCARE REALTY TRUST INC Form 3 November 07, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

#### OMB APPROVAL

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Callaway Amanda L			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR]			
(Last) (Fi	irst)	(Middle)	11/04/2014	4. Relationsh Person(s) to 1	ip of Reporting Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
3310 WEST EN AVENUE, SU				(Check	all applicable)		
(Sti NASHVILLE,Â	reet) TNÂ 37	7203		÷		ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (St	ate)	(Zip)	Table I - I	Non-Deriva	tive Securiti	es Bei	neficially Owned
1.Title of Security (Instr. 4)			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne: (Instr.	•
Common Stock			1,996		D	Â	
Reminder: Report on owned directly or ind	-	e line for eac	ch class of securities benefic	<sup>vially</sup> S	SEC 1473 (7-02)	)	
	Persons informa required	tion conta d to respo	oond to the collection of ined in this form are no nd unless the form disp /B control number.	t			

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security (Instr. 4) Title	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D)	(Instr. 5)

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
I State and a sta	Director	rector 10% Owner Officer		Other		
Callaway Amanda L 3310 WEST END AVENUE SUITE 700 NASHVILLE, TN 37203	Â	Â	Vice President - Accounting	Â		
Signatures						
/s/ Rita H. Todd as power of attorney		11/07/201	4			
**Signature of Reporting Person		Date				
Explanation of Responses:						

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.