SHAH ATISH Form 4

February 07, 2018

FORM 4

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

SECURITIES

OMB 3235-0287 Number:

OMB APPROVAL

Expires:

January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average

burden hours per response... 0.5

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

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

ORLANDO, FL 32801

| 1. Name and Address of Reporting Person * SHAH ATISH | | ting Person * | 2. Issuer Name and Ticker or Trading Symbol Xenia Hotels & Resorts, Inc. [XHR] | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|----------|---------------|---|---|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| C/O XENIA I INC., 200 S. (SUITE 2700 | | | (Month/Day/Year) 02/05/2018 | Director 10% Owner Negligible of the control of | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |

X Form filed by One Reporting Person Form filed by More than One Reporting

of, or Beneficially Owned

| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed |
|--------|---------|-------|--|
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed |

| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities on(A) or Disp (Instr. 3, 4 | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership |
|--------------------------------------|---|---|---|---|------------------|---|--|--|
| | | (| Code V | | (A) or (D) Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common Stock | 02/05/2018 | | F | 5,412 (1) | D \$ 20.56 | 17,507 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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| 1. Title of 2. Derivative Conversion Security or Exercise (Instr. 3) Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | of Derivative Securities Acquired | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo |
|---|---|--|-----------------------------------|---------------------|--------------------|---|--|---|--|
| · | | | (A) or Disposed | | | | | | Repo |
| | | | of (D) (Instr. 3, 4, and 5) | | | | | | (Instr |
| | | C-1- V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address

Discrete: 10% Owner Officer Out

Director 10% Owner Officer Other

SHAH ATISH C/O XENIA HOTELS & RESORTS, INC. 200 S. ORANGE AVENUE, SUITE 2700 ORLANDO, FL 32801

See remarks

Signatures

/s/ Marcel Verbaas as Attorney-in-Fact

02/07/2018

Date

**Signature of Reporting Person

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).
- (1) Represents the number of shares withheld by the issuer to satisfy applicable tax withholding obligations in connection with the vesting of restricted stock unit grants previously reported

Remarks:

Executive Vice President, Chief Financial Officer and Treasurer

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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