Edgar Filing: Douglas J Christopher - Form 4

Douglas J Ch	ristopher											
Form 4	2017											
December 22											PPROVAL	
FORM	UNITEDS	TATES				ND EXO D.C. 205		NGE (COMMISSION		3235-0287	
if no long subject to Section 16 Form 4 or Form 5 obligation may conti	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Expires: January 31 200 Estimated average burden hours per response 0.					
(Print or Type R	esponses)											
Douglas J Christopher S			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) 3310 WEST 700				of Earliest Transaction /Day/Year) /2017					Director 10% Owner X Officer (give title Other (specify below) below) Executive VP & CFO			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
NASHVILL	E, TN 37203								Form filed by M Person			
(City)	(State) (Z	Zip)	Table	e I - Nor	1-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med	3. Transa Code (Instr.	actio 8)	4. Securi nAcquired Disposed	ties l (A) o l of (D	or))	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
Common Stock	12/22/2017			G		2,412	D	\$0	140,723	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.

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

					_	(D D				0.11
1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D		Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amount		
						Date	Expiration	or Title Number		
						Exercisable	Date	of		
				Code V	(Λ) (D)					
				Code V	(A) (D)			Shares		
Deme										

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Douglas J Christopher 3310 WEST END AVENUE SUITE 700 NASHVILLE, TN 37203			Executive VP & CF	0				
Signatures								
/s/ Andrew E. Loope as power attorney	of	12/22/2017						
**Signature of Reporting Person		D	ate					
Evalenction of De								

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.