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

#### HEALTHCARE REALTY TRUST INC

Form 4

September 06, 2016

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

3235-0287 Number:

**OMB APPROVAL** 

January 31, 2005

0.5

Estimated average

burden hours per response...

Expires:

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

1(b).

(City)

(State)

(Zin)

| (Print or Type Responses)  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. Name and Address of Reporting Person * SINGLETON JOHN KNOX                                      | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>HEALTHCARE REALTY TRUST<br>INC [HR] | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable)   |  |  |  |
| (Last) (First) (Middle)  C/O HEALTHCARE REALTY TRUST INCORPORATED, 3310 WEST END AVENUE, SUITE 700 | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2016                                  | X Director 10% Owner Officer (give title Other (specif below)   |  |  |  |
| (Street)  NASHVILLE, TN 37203  | 4. If Amendment, Date Original Filed(Month/Day/Year)   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person |  |  |  |

| (City)                               | (State)                              | (Zip) Tal   | ble I - Non                            | -Derivative Sec                                      | uritie | s Acquired   | , Disposed of, or  | Beneficially   | Owned   |
|--------------------------------------|--------------------------------------|---|--|--|--------|--------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securities AdorDisposed of (D<br>(Instr. 3, 4 and | )      | d (A) or     | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      | 08/31/2016                           |   | S                                      | 6,599  | D      | \$<br>35.223 | 28,894.846   | D  |   |
| Common<br>Stock                      | 08/31/2016                           |   | S                                      | 2,000.2174   | D      | \$<br>35.181 | 0  | I  | Living<br>Trust   |
| Common<br>Stock                      |                                      |   |  |  |        |              | 3,306.305  | I  | IRA   |

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)

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# 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 Exer | cisable and | 7. Titl | le and       | 8. Price of | 9. Nu  |
|-----------|---------------|---------------------|--------------------|------------|------------|--------------|-------------|---------|--------------|-------------|--------|
| Derivati  | ve Conversion | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D | ate         | Amou    | ınt of       | Derivative  | Deriv  |
| Security  | or Exercise   |                     | any                | Code       | of         | (Month/Day/  | Year)       | Under   | rlying       | Security    | Secu   |
| (Instr. 3 | ) Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e            |             | Secur   | ities        | (Instr. 5)  | Bene   |
|           | Derivative    |                     |                    |            | Securities | 3            |             | (Instr. | . 3 and 4)   |             | Own    |
|           | Security      |                     |                    |            | Acquired   |              |             |         |              |             | Follo  |
|           |               |                     |                    |            | (A) or     |              |             |         |              |             | Repo   |
|           |               |                     |                    |            | Disposed   |              |             |         |              |             | Trans  |
|           |               |                     |                    |            | of (D)     |              |             |         |              |             | (Instr |
|           |               |                     |                    |            | (Instr. 3, |              |             |         |              |             |        |
|           |               |                     |                    |            | 4, and 5)  |              |             |         |              |             |        |
|           |               |                     |                    |            |            |              |             |         | Amount       |             |        |
|           |               |                     |                    |            |            |              |             |         | Amount       |             |        |
|           |               |                     |                    |            |            | Date         | Expiration  | Title   | or<br>Number |             |        |
|           |               |                     |                    |            |            | Exercisable  | Date        | Title   | of           |             |        |
|           |               |                     |                    | Code V     | (A) (D)    |              |             |         | Shares       |             |        |
|           |               |                     |                    | Code v     | (A) (D)    |              |             |         | Snares       |             |        |

### **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

09/06/2016

\*\*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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