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

HEALTHCA Form 4/A April 04, 201	RE REALTY 7	FRUST IN	С								
FORM									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 2009 Estimated average burden hours per		
Form 5 obligation may cont See Instru 1(b).	Filed pu <sup>1s</sup> Section 17	(a) of the	Public Ut		ling Con	ipany	Act of	e Act of 1934, E1935 or Section 40	response	0.5	
(Print or Type R	Responses)										
Callaway Amanda L Symbol				er Name <b>and</b> Ticker or Trading FHCARE REALTY TRUST [R]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				of Earliest Transaction /Day/Year) 2016				Director       10% Owner        X Officer (give title       Other (specify below)         below)       below)         SVP & Chief Accounting Officer			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 04/01/2016			Applicable Line) _X_ Form filed by C	by One Reporting Person				
NASHVILL	E, TN 37203							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any		3. Transactic Code (Instr. 8)	(Instr. 3,	sposed 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/31/2016			Code V M	1,173 (1)	(D) A	Price \$ 18.11	5,906	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)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Callaway Amanda L 3310 WEST END AVENUE SUITE 700 NASHVILLE, TN 37203			SVP & Chief Accounting Officer					
Signatures								
/s/Rita H. Todd as power of attorney		04/04/2016	5					
**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).

The original Form 4 filed on April 1, 2016 is amended by this Form 4 amendment to correct the transaction code and to indicate the nature of the transaction. The acquisition of shares in this transaction was pursuant to an option exercise under the Company's Employee Stock Purchase Plan, which is a qualified plan under Section 423 of the Internal Revenue Code and is an exempt transaction under

Section 16(b) of the Securities and Exchange Act of 1934, as amended (the "Act"), pursuant to Rule 16b-3(c) of the Act.

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.