Edgar Filing: BOOTH VICKI U - Form 4

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Form 4	LNI U										
March 16, 20)18										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	3235-0287		
Check thi	s box	Washington, D.C. 20549							Number:	January 31,	
if no long subject to Section 1 Form 4 or	6. r		DF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> BOOTH VICKI U			2. Issuer Name and Ticker or Trading Symbol HEALTHCARE TRUST OF AMERICA, INC. [HTA]				ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O HEALTHCARE TRUST OF AMERICA, INC., 16435 N. SCOTTSDALE ROAD, SUITE 320			3. Date of Earliest Transaction (Month/Day/Year) 03/14/2018			X_ Director 10% Owner Officer (give title Other (specify below) below)					
	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 Form filed by More than One Reporting 					
SCOTTSDA	LE, AZ 8525	4						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	spose	d of (D)	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	03/14/2018			А	1,282 (1)	A	\$ 26.01	1,282	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	unt 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		

Reporting Owners

		Relatio					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BOOTH VICKI U C/O HEALTHCARE TRUST OF AMERICA, INC. 16435 N. SCOTTSDALE ROAD, SUITE 320 SCOTTSDALE, AZ 85254	Х						
Signatures							
/s/ Vicki U. Booth by Robert A. Milligan, as attorney-in-fact, for Vicki U. Booth							
**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).
- Represents the grant of 1,282 shares of the issuer's common stock, such grant to vest in five installments with 257 shares vesting on the (1) grant date and March 14, 2019 and 256 shares vesting on each of March 14, 2020, March 14, 2021 and March 14, 2022.

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.