# Edgar Filing: SINGLETON JOHN KNOX - Form 4

	ON JOHN KNOX										
Form 4 February 03	3, 2006										
FORM	ЛЛ									B APPROVAL	
	• • UNITED	STATES SE	CURITII Washing		ON <sub>OMB</sub> Number	r: 3235-0287					
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to			HANGES SE(	IN CUI	Expires Estimat burden respons	Expires: January 31 2005 Estimated average burden hours per response 0.5					
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 170		ic Utility	Ho	lding Co	mpai	ny Act	of 1935 or Secti			
(Print or Type	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHCARE REALTY TRUST INC [HR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
TRUST IN	(First) ( CTHCARE REAL CORPORATED, D AVENUE, SUI	(Mo TY 12/ 3310	ate of Earlie onth/Day/Ye 15/2005		ransactior	1		X Director Officer (gibelow)		10% Owner Other (specify )	
NASHVIL	(Street) LE, TN 37203		Amendmer d(Month/Day		-	al		6. Individual or Applicable Line) _X_ Form filed by Form filed by Person	y One Reportin	ng Person	
(City)	(State)	(Zip)	Table I - N	lon-	Derivativ	e Secu	urities A	cquired, Disposed	of. or Benef	icially Owned	
1.Title of Security (Instr. 3)		action Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi	ties A ispose	cquired d of	5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	12/16/2005		G		3,000	D	\$ 0	7,460.2174	I	Living Trust	
Common Stock	12/15/2005		Р		1,000	А	\$ 33.5	11,501.1268	I	Spouse	
Common Stock								4,431.107	D		
Common Stock								2,266.8009	I	Trustee for Adel Road Management	

### Edgar Filing: SINGLETON JOHN KNOX - Form 4

Common Stock

#### 1,906.305 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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**D** 1 (\* 1 \*

 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)	4. Transact Code (Instr. 8)	5. of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>			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	02/03/2006								
<u>**Signature of Reporting Person</u>	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.