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

HEALTHCA Form 4 May 16, 201	ARE REALTY	TRUST IN	ίC								
FORM									OMB AF	PROVAL	
-	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Subject to Section 16. Form 4 or				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31Estimated averageburden hours perresponse0.4	
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 1	7(a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, 71935 or Section 0	1		
(Print or Type F	Responses)										
BIGGS ERROL L Symbol HEAL			Symbol	. Issuer Name <b>and</b> Ticker or Trading mbol EALTHCARE REALTY TRUST				5. Relationship of Reporting Person(s) to Issuer			
			HEAL'I INC [H]		REALT	Y TR	UST	(Check all applicable)			
TRUST INC	(First) THCARE REA CORPORATE AVENUE, S	D, 3310	3. Date of (Month/D 05/15/20	•	ansaction			X Director Officer (give below)		Owner er (specify	
	(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	ore 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 E (Month/Day/Ye	ar) Executio any	med n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	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	05/15/2012			А	3,483	А	\$ 21.82	24,539	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	tle and unt of erlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
Repor	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
	Repor	ting Owner Name / A	Address			Relationship	)S				

10% Owner

Officer Other

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	Director
BIGGS ERROL L	
C/O HEALTHCARE REALTY TRUST INCORPORATED	x
3310 WEST END AVENUE, SUITE 700	Λ
NASHVILLE, TN 37203	
Signatures	

/s/Rita H. Todd as power of	05/16/2012		
attorney	05/16/2012		

\*\*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.