Extended Stay America, Inc.

Form 4

November 17, 2015

FOR	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION					OMB APPROVAL				
	Washington, D.C. 20549							OMB Number: 3235-028		
Check this box								Expires:	January 31, 2005	
subjection Section Form 4	subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated a burden hour response	verage	
-	tions Tricu pi			olding C	ompa	ny Act of	1935 or Section	ı		
(Print or Typ	e Responses)									
1. Name and Address of Reporting Person * SEDDON TOM			2. Issuer Name and Ticker or Trading Symbol Extended Stay America, Inc. [STAY]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)		3. Date of Earliest Transaction				(Check all applicable)			
C/O EXTENDED STAY AMERICA, INC., 11525 N. COMMUNITY HOUSE ROAD,			(Month/Day/Year) 11/16/2015				Director 10% Owner See Remarks			
			f Amendment, ed(Month/Day/Y	nendment, Date Original onth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHARLO	OTTE, NC 28277						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Table I - Nor	-Derivati	ve Sec	urities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code		ed of (5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Paired Shares	11/16/2015		Code V	Amount 18,900	(D)	Price \$ 16.8423 (2)	(Instr. 3 and 4) 264,455	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(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	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration		or Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Keiationsinps					
	Director	10% Owner	Officer	Other			

SEDDON TOM C/O EXTENDED STAY AMERICA, INC. 11525 N. COMMUNITY HOUSE ROAD, SUITE 100 CHARLOTTE, NC 28277

See Remarks

Signatures

/s/ Thomas 11/17/2015 Seddon

**Signature of Date 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).
- Each Paired Share is comprised of one share of common stock, par value \$0.01 per share, of Extended Stay America, Inc. and one share of Class B Common Stock, par value \$0.01 per share, of ESH Hospitality, Inc., which shares are paired and traded as a single unit.
- The price reported in Column 4 is a weighted average price. These Paired Shares were purchased in multiple transactions at prices ranging from \$16.70 to \$16.95, inclusive. The reporting person undertakes to provide the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of Paired Shares purchased at each separate price within the range set forth in this footnote.

Remarks:

Mr. Seddon is the Chief Marketing Officer of Extended Stay America, Inc.

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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