Edgar Filing: Weissman Howard J - Form 4

Weissman I	Howard J											
Form 4	010											
March 19, 2	CECU				OMB APPROVAL							
	UNITED	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287		
Check t if no lor subject Section Form 4 Form 5	nger STATE to STATE 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	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	Responses)											
			2. Issuer Name and Ticker or Trading Symbol Extended Stay America, Inc. [STAY]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date	of Earliest 7	Fransactio	n		(Che	ck all applicable	e)		
AMERICA	NDED STAY A, INC., 11525 N. NTY HOUSE RC)		(Month/ 03/15/	/Day/Year) 2018				Director X Officer (giv below)		6 Owner er (specify		
				f Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
CHARLO	ГТЕ, NC 28277							Form filed by Person				
(City)	(State)	(Zip)	Ta	ble I - Non-	Derivativ	e Seci	urities Ac	equired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)		action Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year)		(Instr. 8)				SecuritiesIBeneficially0OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Paired Shares (1)	03/16/2018			Code V F	Amount 1,138	(D) D	Price \$ 20.19	28,191	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	2.	3. Transaction Date		4.	5.	6. Date Exerc			le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative		-		Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					i, and 5)						
									Amount		
						Data	E		or		
						Date	Expiration	Title	Number		
						Exercisable Da	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Weissman Howard J C/O EXTENDED STAY AMERICA, INC. 11525 N. COMMUNITY HOUSE ROAD, SUITE 100 CHARLOTTE, NC 28277			See Remarks		
Signatures					
/s/ Christopher Dekle, Attorney-in-Fact for Howard J. Weissman	03/19/2018				
<u>**</u> 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).

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. A Form

(1) 4 reflecting the transactions in Paired Shares by the reporting person shown on this Form 4 has been concurrently filed with respect to ESH Hospitality, Inc. as issuer.

Remarks:

Mr. Weissman is the Controller and Chief Accounting Officer of Extended Stay America, Inc. and ESH Hospitality, 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.