Edgar Filing: HEALTHCARE TRUST OF AMERICA, INC. - Form 4

HEALTHCARE TRUST OF AMERICA, INC.

Form 4

December 24, 2014

FORM	ПΔ								OMB AF	PPROVAL	
	Washington, D.C. 20549							OMB Number:	3235-0287		
if no lon subject t	Check this box if no longer subject to Section 16. Section 16. Section 16. Section 16. Section 16.							NERSHIP OF	Expires: January 3 200 Estimated average burden hours per		
Form 5 obligatio may con See Instr 1(b).	Filed pu ons Section 17	(a) of the	Public Ut		ding Com	npany	Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol HEALTHCARE TRUST OF					5. Relationship of Reporting Person(s) to Issuer			
		CA, INC		01		(Check all applicable)					
(N				f Earliest Tr Pay/Year) 014	ransaction			X Director 10% OwnerX Officer (give title Other (specify below) Chief Executive Officer			
	ALE ROAD, SU	ITE 320									
	(Street)			ndment, Da nth/Day/Year	_			6. Individual or Jo Applicable Line) _X_ Form filed by C	one Reporting Pe	rson	
SCOTTSD	ALE, AZ 85254							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any		ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)			of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(IIIsti. +)		
Class A Common Stock	12/24/2014			F	11,622 (1)	D	\$ 27.02	425,248 (2)	D		
Reminder: Rep	port on a separate lin	e for each cl	ass of secu	rities benef	icially own	ed dir	ectly or in	ndirectly.			
								end to the collect		EC 1474 (9-02)	

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number.

(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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(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)						
								Δ	mount		
						Date Exercisable	Expiration Date	Title N	ı Iumber		
								01			
				Code V	(A) (D)				hares		

Reporting Owners

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

PETERS SCOTT D C/O HEALTHCARE TRUST OF AMERICA, INC. 16435 N. SCOTTSDALE ROAD, SUITE 320 SCOTTSDALE, AZ 85254

X Chief Executive Officer

Signatures

/s/ Scott D. Peters by Robert A. Milligan, as attorney-in-fact, for Scott D. 12/24/2014 Peters

**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).
- This transaction represents shares withheld by the issuer to satisfy it's minimum tax withholding obligation in connection with the vesting **(1)** of restricted shares previously granted to the reporting person.
- On December 15, 2014, Healthcare Trust of America, Inc. completed a 1-for-2 reverse stock split. The number of shares reported as being benefically held reflects this reverse split.

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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