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

HEALTHCARE TRUST OF AMERICA, INC.

Form 4

November 24, 2014

FORM 4	ORM 4							OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE C Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer	x									January 31, 2005	
subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction SIATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated average burden hours per response Estimated average burden hours per response Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										verage	
1(b). (Print or Type Respo	nses)										
1. Name and Address of Reporting Person * 2. Issue: PETERS SCOTT D Symbol HEALT				T ₁				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				th/Day/Year)				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Chief Executive Officer			
SCOTTSDALE,	(Street)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
								Person			
(City)	(State)	(Zip)	Tab	le I - Non-I			_	ired, Disposed of,	or Beneficial	ly Owned	
Security (Mor (Instr. 3)	ransaction Date nth/Day/Year)	2A. Deen Execution any (Month/D	Date, if	3. Transactic Code (Instr. 8)	4. Securitie omr Disposed (Instr. 3, 4 a	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 11/2	24/2014			S	105,000	D	12.55 (1)	873,740	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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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 Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	t 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)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Λ.	mount		
									mount		
						Date	Expiration	Title N			
						Exercisable	Date	Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

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

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. 11/24/2014 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 was executed in multiple trades at prices ranging from \$12.53 to \$12.58. The price reported above reflects the (1) weighted-average sales price. The reporting person hereby undertakes to provide full information regarding the number of shares and the prices at which the transactions were effected upon request by the SEC staff, the issuer or a security holder of the issuer.

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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