Cimerola Patrick Form 4 March 14, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the 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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

Common

Stock

1. Name and Address of Reporting Person *

03/14/2019

Cimerola Patrick					(Check all applicable)			
	_ (3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner _X Officer (give title Other (specify below) Chief Human Resources Officer			
1 CHOICE HOTELS CIRCLE			019					
(Street)			ndment, Da	te Original	6. Individual or Joint/Group Filing(Check			
)	Applicable Line) _X_ Form filed by One Reporting Person			
LE, MD 20850					Form filed by N Person	More than One Re	porting	
(State)	(Zip)	Tabl	e I - Non-D	erivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
		ed	3.	4. Securities Acquired	5. Amount of			
(Month/Day/Year)	Execution 1	Date, if	Transactio	on(A) or Disposed of (D)	Securities	Form: Direct	Indirect	
	any		Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficial	
	(Month/Da	ıy/Year)	(Instr. 8)		Owned	Indirect (I)	Ownership	
					Following	(Instr. 4)	(Instr. 4)	
				(A)	Reported			
	(First) (HOTELS CIRCI (Street) LE, MD 20850 (State) 2. Transaction Dat	(First) (Middle) (HOTELS CIRCLE (Street) LE, MD 20850 (State) (Zip) 2. Transaction Date (Month/Day/Year) Execution any	(First) (Middle) 3. Date of (Month/D) HOTELS CIRCLE 03/14/20 (Street) 4. If Ame Filed(Month) LE, MD 20850 (State) (Zip) Table 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if	CHOICE HOTEI INTERNATION (First) (Middle) 3. Date of Earliest Tr (Month/Day/Year) HOTELS CIRCLE 03/14/2019 (Street) 4. If Amendment, Da Filed(Month/Day/Year) LE, MD 20850 (State) (Zip) Table I - Non-D 2. Transaction Date 2A. Deemed 3. (Month/Day/Year) Execution Date, if Transaction any Code	CHOICE HOTELS INTERNATIONAL INC /DE [CHH] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) HOTELS CIRCLE 03/14/2019 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) LE, MD 20850 (State) (Zip) Table I - Non-Derivative Securities Acquired (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)	CHOICE HOTELS INTERNATIONAL INC /DE [CHH] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) HOTELS CIRCLE 03/14/2019 Chief Hum (Street) 4. If Amendment, Date Original 6. Individual or Jonathy Filed (Month/Day/Year) Applicable Line) X_ Form filed by Mark Person (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of (Month/Day/Year) 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired, Disposed of (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8) Owned Following Reported	CHOICE HOTELS INTERNATIONAL INC /DE [CHH] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Month/Day/Year) HOTELS CIRCLE 03/14/2019 (Check all applicable below) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Applicable Line) E, MD 20850 (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficiall (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired (Month/Day/Year) (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8) (Check all applicable (Instr. 4) (Check all applicable (Check all applicable (Instr. 4) (Check all applicable (Check all applicable (Check all applicable (Instr. 4)	

Code V Amount

6,410

S

(D)

D

Price \$

77.72

(1)

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.

Transaction(s) (Instr. 3 and 4)

17,215.8

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

Estimated average

burden hours per

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	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)						
								Α.			
									mount		
						Date	Expiration	or			
						Date	Title Number				
							of				
				Code V	(A) (D)			Sł	hares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cimerola Patrick 1 CHOICE HOTELS CIRCLE ROCKVILLE, MD 20850

Chief Human Resources Officer

Signatures

Bret L. Limage, attorney

in fact 03/14/2019

**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).
- (1) Average price reflects a series of transactions between \$77.49 and \$77.94.

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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