Edgar Filing: Van Horn R. Lawrence - Form 4

Van Horn R. Form 4 June 08, 2018											
									OMB AF	PPROVAL	
FORM	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed p Section 1	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							January 3 ⁻ Expires: 200 Estimated average burden hours per response 0.		
(Print or Type R	Responses)										
			2. Issuer Name and Ticker or Trading Symbol Community Healthcare Trust Inc [CHCT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
TRUST INC	(First) IUNITY HEAI CORPORA, 33: OVE DRIVE, 5	26	3. Date of (Month/D	Earliest Tr ay/Year)	ansaction			X Director Officer (give below)		Owner er (specify	
				endment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FRANKLIN	I, TN 37067							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any		3. Transactic Code (Instr. 8) Code V	on(A) or Di (Instr. 3,	spose	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)		
Common Stock	06/08/2018			А	2,886	А	φ 27.72 (<u>1)</u>	19,371	D		

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	te Amount		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
FB		Director	10% Owner	Officer	Other		
Van Horn R. Lawrence C/O COMMUNITY HEALTHCARE TRUST IN 3326 ASPEN GROVE DRIVE, SUITE 150 FRANKLIN, TN 37067	ICORPORA	Х					
Signatures							
/s/ Christopher M. Douse, Attorney-in-Fact	06/08/2018						
**Signature of Reporting Person	Date						
Explanation of Paspaneses							

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).

For 2018, the reporting person elected to take 100% of his Board retainer in the form of shares of restricted stock with a three-year restriction period. Because the reporting person elected to take his Board retainer for 2018 in shares of restricted stock in lieu of cash, the Company awarded him additional shares of restricted stock, equal to 60% of the value of the Board retainer. The price of the securities

(1) Company awarded min additional shares of restricted stock, equal to 60% of the value of the Board retainer. The price of the securities acquired by the reporting person with respect to the Board retainer is based upon the ten (10) day average stock price of the common stock, which is equal to \$27.72. The number of securities issued is equal to the total value of the Board retainer plus the value of the additional shares divided by such 10-day average stock price.

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.