#### **BLAIR W BRADLEY II**

Form 4 June 08, 2012

## FORM 4

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

**OMB** Number:

3235-0287 January 31,

2005

0.5

Check this box if no longer

subject to Section 16. Form 4 or

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

Estimated average

**OMB APPROVAL** 

response...

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Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

(First)

(State)

**BLAIR W BRADLEY II** 

2. Issuer Name and Ticker or Trading

Symbol

HEALTHCARE TRUST OF

5. Relationship of Reporting Person(s) to

Issuer

below)

AMERICA, INC. [HTA]

3. Date of Earliest Transaction

X\_ Director 10% Owner

Other (specify

(Check all applicable)

(Month/Day/Year)

16435 N SCOTTSDALE RD, SUITE 06/06/2012

(Middle)

320

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Officer (give title

SCOTTSDALE, AZ 85254

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I)

Ownership (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or

(Instr. 3 and 4) Code V Amount (D) Price

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 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)

1. Title of Derivative Conversion

3. Transaction Date 3A. Deemed

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of Underlying Securities

(9-02)

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Partnership Units	<u>(1)</u>	06/06/2012		A	135,000		(2)	05/16/2016	Common Stock	135,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
BLAIR W BRADLEY II 16435 N SCOTTSDALE RD SUITE 320 SCOTTSDALE, AZ 85254	X						

# **Signatures**

/s/ W. Bradley
Blair II

\*\*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 the grant to the reporting person of membership units in Healthcare Trust of America Holdings, LP, a wholly owned subsidiary of the issuer ("HTAOP"), as part of a long-term incentive program established by the issuer ("LTIP Units"). Upon
- (1) vesting, the LTIP Units will be converted into common units of HTAOP and may be converted into shares of the issuer's common stock in accordance with the HTAOP partnership agreement (subject to certain limitations based on the allocations of gain made to the LTIP Units).
- (2) The vesting of these LTIP Units is contingent upon the issuer's common stock achieving specified price targets no later than May 16, 2016, subject to the reporting person's continued employment with the issuer through the date the applicable target is achieved.

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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