Community Healthcare Trust Inc Form 4/A February 25, 2016

FORM 4

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

SECURITIES

OMB

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 Number: January 31, Expires: 2005

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

Estimated average burden hours per response... 0.5

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Stock

(Print or Type Responses)

Stach Leigh Ann			2. Issuer Name and Ticker or Trading Symbol Community Healthcare Trust Inc [CHCT]					Issuer (Check all applicable)			
(Last)	(First) (M	(Iiddle)	3. Date of Earliest Transaction (Month/Day/Year)				Director 10% OwnerX_ Officer (give title Other (specify				
SUITE 106 BLVD.	, 354 COOL SPR	08/11/2015					below) VP-Financial Reporting & CAO				
	4. If Amendment, Date Original Filed(Month/Day/Year) 08/13/2015					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
FRANKLIN	N, TN 37067							Form filed by Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if Day/Year)	3. Transactic Code (Instr. 8)	(A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	08/11/2015			A	7,855	A	\$ 19	15,355	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.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)			ate	7. Title Amoun Under	int of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
	Derivative Security				Securities Acquired			(Instr.	3 and 4)		Owne Follo
					(A) or Disposed						Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
					4, and 3)				Amount		
						Date Exercisable	Expiration Date	Title	or Number of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Stach Leigh Ann SUITE 106 354 COOL SPRINGS BLVD. FRANKLIN, TN 37067

VP-Financial Reporting & CAO

Signatures

/s/ Christopher Douse, Attorney-in-Fact

02/25/2016

**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).
 - For 2015, the reporting person agreed to take 100% of her salary in the form of shares of restricted stock with an eight-year restriction period. Because the reporting person elected to take her base salary for 2015 in these shares of restricted stock, the Company awarded Ms.
- (1) Stach additional compensation, in restricted stock, equal to her annual salary. The price of the securities acquired by the reporting person is based on the Company's initial public offering price of \$19.00. The number of securities issued is equal to the total salary, including the additional compensation, divided by such initial public offering 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.

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