Community Healthcare Trust Inc

Form 4 June 13, 2016

FORM 4

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

OMB APPROVAL

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

obligations

may continue.

See Instruction

Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * Gardner Alan

2. Issuer Name and Ticker or Trading Symbol

Community Healthcare Trust Inc [CHCT]

Issuer

(Check all applicable)

(First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

X_ Director 10% Owner Officer (give title Other (specify below)

5. Relationship of Reporting Person(s) to

C/O COMMUNITY HEALTHCARE 06/09/2016 TRUST INCORPORA, 3326 ASPEN GROVE DRIVE, SUITE

150

(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

D

FRANKLIN, TN 37067

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

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

5. Amount of 6. Securities Beneficially Owned (D) or Following Indirect (I) Reported (Instr. 4)

7. Nature of Indirect Ownership Form: Direct Beneficial Ownership (Instr. 4)

Code V Amount

Transaction(s) (Instr. 3 and 4) Price

Common Stock

06/09/2016

\$ A 2,935 A 19.079 15,566 (1)

(A)

or

(D)

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

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SEC 1474 (9-02)

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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. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		÷		Securi	ities	(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)						
									Amount		
				$C \rightarrow V$		Date Exercisable	Expiration Date	Title N	or		
									Number		
					(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Gardner Alan C/O COMMUNITY HEALTHCARE TRUST INCORPORA 3326 ASPEN GROVE DRIVE, SUITE 150 FRANKLIN, TN 37067



Signatures

/s/ Christopher M. Douse, Attorney-in-Fact

06/13/2016

**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 2016, the reporting person elected to take 100% of their Board retainer in the form of shares of restricted stock with a three-year restriction period. Because the reporting person elected to take their Board retainer for 2016 in these shares of restricted stock in lieu of cash, the Company awarded them additional shares of restricted stock, equal to 60% of their 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 our common stock, which is equal to \$19.079. The number of securities issued is equal to the total Board retainer, including 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.

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