## Edgar Filing: Community Healthcare Trust Inc - Form 4

Community Healthcare Trust Inc Form 4 September 19, 2016

September 1	19, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								DMMISSION	OMB Number:	3235-0287		
Check th if no lon	ger					ICI			Expires:	January 31, 2005		
subject t Section Form 4 (	CHAN		RITIES	ICIA	AL OWN	ERSHIP OF	Estimated a burden hour response	verage				
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> WALLACE TIMOTHY G			· · · · · · · · · · · · · · · · · · ·					5. Relationship of Reporting Person(s) to ssuer				
			[CHCT	-	anneare r	Tust .	me	(Check all applicable)				
(Last) C/O COMM TRUST IN ASPEN GF 150	HCARE	(Month/Dav/Year) –					_X Director 10% Owner _X Officer (give title Other (specify below) below) Chairman, CEO and President					
				endment, D nth/Day/Yea	Date Origina ar)	ıl	A	. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person				
FRANKLI	N, TN 37067						Ē	Form filed by Mo Person	ore than One Rej	oorting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8) Code V	omr Dispos (Instr. 3, 4	ed of	5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/19/2016			Р	12,170 (1)	А	\$ 21.6585	250,332	D			
Common Stock								120,000	Ι	Athena Funding Partners, LLC $(3)$		

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

Persons who respond to the collection of 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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
r g g g g g g g g g g g g g g g g g g g	Dii	rector	10% Owner	Officer	Other		
WALLACE TIMOTHY G C/O COMMUNITY HEALTHCARE TRUST INCORPORA 3326 ASPEN GROVE DRIVE, SUITE 150 FRANKLIN, TN 37067		X		Chairman, CEO and President			
Signatures							
/s/ Christopher M. Douse, Attorney-in-Fact	09/19/2016						

<u>\*\*</u>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) The purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 29, 2016.

The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$21.24 to \$21.985, inclusive. The reporting person undertakes to provide to Community Healthcare Trust Incorporated, any security holder of Community Healthcare Trust Incorporated, or the staff of the Securities and Exchange Commission, upon request, full

- information regarding the number of shares purchased at each separate price within the range set forth in this footnote (2) to this Form 4.
- (3) The amount shown represents the beneficial ownership of the Company's securities by Athena Funding Partners, LLC ("AFP"). The reporting person owns 99% of AFP and disclaims beneficial ownership of the securities to the extent it exceeds his pecuniary interest

therein and the inclusion of the shares in this report shall not be deemed to be an admission of beneficial ownership of the reported shares for the purposes of Section 16 to the Exchange Act or otherwise.

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.