Sunstone Hotel Investors, Inc. Form 3 October 26, 2004 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF 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

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> WOLFF LEWIS | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol Sunstone Hotel Investors, Inc. [SHO] | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------|--|
| (Last) (Fi | irst) (Middle) | 10/26/2004 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| 903 CALLE | | | | | | | |
| AMANECER,Â | SUITE 100 | | (Check | all applicable) | | | |
| , , , , , , , , , , , , , , , , , , , | reet) | | X_Director10% Owner OfficerOther (give title below) (specify below) | | | 5. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person | |
| SAN CLEMENTE,Â | CAÂ 92673 | | | | R | Form filed by More than One Reporting Person | |
| (City) (St | (Zip) | Table I - N | lon-Derivati | ive Securiti | es Bene | eficially Owned | |
| 1.Title of Security (Instr. 4) | | 2. Amount of Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Natur Owners (Instr. 5 | • | |
| Reminder: Report or owned directly or ind | | ch class of securities benefici | ally SI | EC 1473 (7-02) |) | | |
| 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|-----------------------------------------------|----------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------|------------------------------------------|-------------------------------------------------------------|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | | |

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

| Reporting Owner Name / A | Relationships | | | | | |
|---------------------------------------------------------------------|---------------|-----------|---------|-------|---|--|
| | Director | 10% Owner | Officer | Other | | |
| WOLFF LEWIS 903 CALLE AMANECER SUITE 100 SAN CLEMENTE, CAÂ | | ÂX | Â | Â | Â | |
| Signatures | | | | | | |
| Lewis N. Wolff | 10/26/2 | 004 | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | |

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.