FIX WARREN D Form 4

June 08, 2012

FORM 4

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

Check this box

if no longer subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction

1(b).

STATEMENT OF CHANGES IN 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

2. Issuer Name and Ticker or Trading

HEALTHCARE TRUST OF

AMERICA, INC. [HTA]

(Print or Type Responses)

1. Name and Address of Reporting Person *

FIX WARREN D

(Last)

(City)

1. Title of

Security

(Instr. 3)

(First)

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

3. Date of Earliest Transaction

(Month/Day/Year) 16435 N SCOTTSDALE RD, SUITE 06/06/2012

Symbol

320

(Street)

(State)

SCOTTSDALE, AZ 85254

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

(Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

(A)

or

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

Owned

5. Amount of

Securities

Following

Beneficially

Issuer

below)

X_ Director

Applicable Line)

Officer (give title

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 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

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

X Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

(Check all applicable)

10% Owner

Other (specify

7. Nature of

Ownership (Instr. 4)

Indirect

SEC 1474

(9-02)

(D) or Indirect Beneficial

Estimated average

burden hours per

1

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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			
FIX WARREN D 16435 N SCOTTSDALE RD SUITE 320 SCOTTSDALE, AZ 85254	X						

Signatures

/s/ Warren D.
Fix

**Signature of Reporting Person

O6/08/2012

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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