FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENE	FICIAL O	WNERSHIP	2

- 1							
	OMB Number:	3235-0287					
	Estimated average burd	den					
	hours per response:	0.5					

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							( )				1								
Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol  DiamondRock Hospitality Co [ DRH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Quinn Briony R.				1	Diamonarock Hospitanty Co [ DM1 ]								Direc	ctor	10	% Owner			
	( <del>-</del> -						2 Pate of Fadinat Transaction (Month/Day/Man)							4	X	Office	er (give title v)		ner (specify ow)
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year)									C	hief Accou	ınting Offi	cer	
C/O DIA	MONDRO	CK HOSPITALI	TY COM	<b>IPANY</b>	02/	02/27/2018										mer riccot	mung Om	.cr	
3 BETHE	SDA MET	ROCENTER S	HITE 15	00															
3 BETHESDA METRO CENTER, SUITE 1500			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6 Individual or Joint/Croup Filing (Chook Applicable						
					.   4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)									K Applicable				
(Street)															X	Form	n filed by One	e Reporting F	Person
BETHES	DA M	D 2	20814												21		•		
																Pers	n filed by Mor	re than One i	reporting
(City)	(6+	ate) (	Zip)																
(City)	(31	ale) (	<u>∠</u> ιμ)																
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Ben	eficia	ally C	Owne	ed		
1. Title of S	Security (Inst	r. 3)		2. Trans	action				3.							ount of	6. Ownersh		
				Date (Month/I	Dav/Ves			xecution Date,		Transaction Disposed Code (Instr. 5)		Of (D	Of (D) (Instr. 3, 4		and Securi			Form: Direction (D) or Indirection	
(wonthing			Dayrica	(Month/Day/Year)						Owne		d Following	(I) (Instr. 4)	Ownership					
									(A) or Price			Reporte Transac (Instr. 3				(Instr. 4)			
							Code	l۷	Amount		(D) Price								
Common stock, par value \$0.01 per share 02/27/2				7/2018	/2018		F		1,734		D	\$10	.39	68,614		D			
ozizii										<u> </u>									
		Та									osed of, onvertib				y Ow	ned			
	l .						_							,	l	. 1			
1. Title of Derivative	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any		4. Transaction				6. Date Exercisable and Expiration Date			7. Title and Amount of			8. Prio		9. Number o derivative	f 10. Ownersi	11. Nature
Security				· 1	Code (		. Derivative (		(Month/Day/Year)			Securities			Security (Instr. 5)		Securities	Form:	Beneficial
(Instr. 3) Price of (Month/Day/Year) Derivative Security				ıy/Year)	8)		Securities						lerlying ivative				Beneficially Owned	Direct (E or Indire	
					Acquired (A) or							urity (In	str. 3	3		Following	(I) (Instr.		
				Disposed of (D) (Instr. 3, 4 and 5)			and 4)						Reported	(a)					
															Transaction(s)	(S)			
											,								
				Ī			1						Am	ount					
													or				1		
				1		Date		Expiration		Nur	nber								
					Code	v	(A)	(D)	Exercisa		Date	Title		ıres					

**Explanation of Responses:** 

Remarks:

/s/ Briony R. Quinn

02/28/2018

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.