FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP
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OMB APP	ROVAL
OMB Number:	3235-0287
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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* <u>Johnson Jay LeCoryelle</u>						2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH]								eck all appli Direct	cable)	g Pers	on(s) to Issi 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O DIAMONDROCK HOSPITALITY COMPANY 2 BETHESDA METRO CENTER, SUITE 1400					103	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019								below)		Finan	below)	·	
(Street) BETHES (City)	SDA M	D	20814 (Zip)			f Ame /05/2		Date o	of Original	Filed	(Month/Da	ay/Year)	Line	e) X Form	iled by One	e Repo	(Check Apporting Person	ı	
1. Title of Security (Instr. 3) 2. Transa Date				saction	active Securities Acq action Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securiti Transaction Code (Instr. 5)			of, or Beneficiall ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amou Securiti Benefic Owned	int of es ially Following	Form (D) o	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
Common stock, par value \$0.01 per share 03/01)1/201	2019		Code A ⁽¹⁾	v	Amount 0(1)	(A) or (D)	_	(Instr. 3	orted 1saction(s) tr. 3 and 4) 26,647 ⁽¹⁾		D	(Instr. 4)				
		7	Γable II - I									or Bend ble secu		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable Expiration Date (Month/Day/Year)			of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
LTIP Units ⁽²⁾	(3)	03/01/2019			A		37,559		(3)(4)		(3)	Common stock, par value \$0.01 per share	37,559	\$0	37,55	9	D		

Explanation of Responses:

- 1. This amendment is being filed to correct the type of security granted to the reporting person. The original report stated that the reporting person was granted restricted stock. Instead, he was granted LTIP units. Column 5 of Table 1 reflects the number of shares of the Issuer's common stock owned by the reporting person as of March 1, 2019.
- 2. Represents LTIP Units in DiamondRock Hospitality Limited Partnership ("DRHLP"), of which the Issuer is the general partner.
- 3. Conditioned upon minimum allocations to the capital accounts of the LTIP Units for federal income tax purposes, each LTIP Unit will be converted automatically into a common unit of limited partnership interest in DRHLP ("Common OP Unit"). Each Common OP Unit acquired upon conversion of an LTIP Unit may be presented for redemption, at the election of the holder, for cash equal to the then fair market value of a share of the Issuer's common stock, except that the Issuer may, at its election, acquire each Common OP Unit so presented for one share of common stock. The conversion feature of vested LTIP Units and the redemption rights for Common OP Units do not have expiration dates.
- 4. The LTIP Units vest in three annual installments beginning on February 27, 2020.

Remarks:

/s/ William J. Tennis, attorney-

03/20/2019

in-fact

** 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.