FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

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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 [*]						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Williams John L						<u>DiamondRock Hospitality Co</u> [DRH]									X Director 10% Owner				Owner	
,															X		er (give title		(specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									belov		below		
C/O DIAMONDROCK HOSPITALITY COMPANY						04/01/2008									President and COO					
6903 ROCKLEDGE DRIVE, SUITE 800																				
0303 RO	CKLEDGE	DRIVE, SOITE	. 000		4 If	A If Amandment Date of Original Filed (Month/D-:-0/)									6 Individual or Joint/Croup Filing (Chook Applicable					
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
BETHES	DA M	D 2	20817												X Form filed by One Reporting Person					
DETTIES	DII III	_	.0017												Form filed by More than One Reporting					
(City)	(C+	oto) /	7in\													Person				
(City)	(31	ate) (.	Zip)																	
		Tabl	e I - Non	n-Deriva	ative	Sec	uritie	s Acc	quired,	, Dis	posed o	f, or	r Bene	eficia	ally (Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transa	ction					3. 4. Securities Acquired (A) of								6. Ownership	7. Nature	
				Date (Month/Da	ay/Yea	Execution Date, y/Year) if any			Transaction Disposed Of (I Code (Instr.			Of (D	Of (D) (Instr. 3, 4 an			Securi Benef	icially (I	Form: Direct (D) or Indirect	of Indirect Beneficial	
						(Month/Day/Year)			8)				Owned Report		d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)			
						Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			ľ <i>′</i>				
_							┢		- ` 		-	- ` -		•		<u> </u>				
Common	2008		A		2,249.78 ⁽¹⁾ A		\$	0	382,969.98		D									
		Ta	ble II - D	Derivati	ive S	ecui	ities	Acaui	ired. D	ispo	sed of,	or B	Benefi	ciall	v Ov	vned				
											onvertib				,					
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. Nu	mber		6. Date Exercisal		7. Title and			8. Price of Derivative Security		9. Number o		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date if any		te, Transact Code (In					on Dat Day/Ye			Amount of Securities				derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of Month/Day								Securities Acquired		Underlyin Derivative					(Inst	r. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
	Security				(A) or Security (Instr. 3						str. 3	3		Following	(I) (Instr. 4)	(
				- 1		Disposed of (D)					4)				Reported Transaction(s)	(s)				
						(Instr. 3, 4 and 5)										(Instr. 4)				
				F									Amount							
											or Number									
				Cada	.,	,,,		Date		Expiration		of								
		1		- 1	Code	٧	(A)	(D)	Exercisa	mie	Date	Title	: Sha	res	I			- 1	1	

Explanation of Responses:

1. Additional deferred stock units awarded in connection with the reinvestment of dividends on deferred stock units granted in 2005.

/s/ Michael D. Schecter, attorney in fact

04/02/2008

** 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.