FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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|-----------|-----------------|----------|----------|--------|------|
| STATEMENT | OF CHANG | ES IN BE | NEFICIAL | OWNERS | SHIP |

| OMB APPROVAL | | | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | | | |
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37 Estimated average burden hours per response: 0.5

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

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|--|--|--------------|---|---|--|--|---|--|----------------------------|---|---|---|-----------------|---|---|--|--|------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | | |
| | | | 1- | Diamonartock Hospitanty Co [Didi] | | | | | | | X Directo | | ctor 10° | |)% O | wner | | | | | |
| | | | | <u></u> | | | | | | | | \dashv | X | X Officer (give title below) | | | Other (specify below) | | | | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2011 | | | | | | | | President and COO | | | | , | | | | | |
| C/O DIA | MONDRO | CK HOSPITALI | TY COME | PANY | 05/01/2011 | | | | | | | | | President and COO | | | | | | | |
| 3 BETHESDA METRO CENTER, SUITE 1500 | | 0 | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | ine) | _ | | | | | |
| BETHES | DA M | D 2 | 20814 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | reis | OII | | | | |
| | | Tabl | e I - Non- | -Deriva | ative | Se | curitie | s Acq | μired, | Dis | posed o | f, oı | r Bene | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | | |
| | | | | | | | | v | Amount | | (A) or (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock, par value \$0.01 per share 09/01/3 | | | | /2011 | | | | | | 96,064 | 4 D ⁽¹⁾ \$7. | | 7.61 786,087 | | 36,087 | D | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | | Date, 1 | | nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative curity S r. 5) E | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | |

Explanation of Responses:

1. Disposition of shares to the company to satisfy net share withholding obligation.

Remarks:

/s/ William J. Tennis, attorney

** Signature of Reporting Person

in fact

09/02/2011

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.