FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Quinn Briony R. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | | | | | | | | | | all app Direct Office | olicable) etor er (give title | | | Owner (specify |
|---|--|----|------------|--|---|--|--|--------|----|--|-------|---------------------|---|--------------------------|---------------------|-----------------------------------|--|---|---------------|--|--|
| (Last) (First) (Middle) C/O DIAMONDROCK HOSPITALITY COMPANY 3 BETHESDA METRO CENTER, SUITE 1500 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2017 | | | | | | | | | | belov | ow) below Chief Accounting Office | | | |
| (Street) BETHESDA MD 20814 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | . Indivi ine) X | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | · | 3. 4. Securit Disposed Code (Instr. 5) | | | | | | 4 and Secur Benef | | cially I Following | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (1 | A) or O) | Price | Trar | | saction(s) : 3 and 4) | | | (111511.4) | | | | |
| Common stock, par value \$0.01 per share 02/27/ | | | | | | | 2017 | | | F | | 1,363 | | D | \$11.2 | | 54,723 | | | D | |
| Common stock, par value \$0.01 per share 02/27/. | | | | | | 2017 | | | | A | | 15,625 | 5 | A | \$0 | | 70,348 | | | D | |
| | | Та | ble II - D | | | | | | | | | sed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Fransaction Code (Instr. 3) | | n of | | Ex | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pri Deriv Secu (Instr | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | F C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | | | | Expiration Date | Title | or | ount nber res | | | | | | |

Explanation of Responses:

Remarks:

<u>/s/ Briony R. Quinn</u> 03/01/2017

** Signature of Reporting Person Date

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

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.

^{*} 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).