FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burd | en | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co DRH | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|--|---|---------|-----------------|--|--|--------|------------------------------------|---------------|--|---|------------------------------|---------------------------------------|--|---|---|--|--|
| Schecter Michael D | | | | | | | Diamondivock Hospitanty Co [DRH] | | | | | | | | | rector fficer (give title | | Owner (specify | |
| (Last) | (Fi | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | 7 | A be | elow) | below |) · · · · | | | | | |
| (Last) (First) (Middle) C/O DIAMONDROCK HOSPITALITY | | | | | | | 08/01/2007 | | | | | | | | General Counsel | | | | |
| 6903 ROCKLEDGE DRIVE, SUITE 800 | | | | | | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | | | | | | | | | Lin | Line) X Form filed by One Reporting Person | | | | |
| BETHESDA MD 20817 | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | | |
| | | | | | | | | | | | | | | Person | | | | | |
| (City) | (SI | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriva | ative | Sec | curitie | s Acc | uired, | Dis | posed o | f, or | r Bene | eficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | th/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | d Sed Bei Ow | amount of curities neficially ned Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) str. 3 and 4) | | (111511.4) | | | | |
| Common Stock 08/01/ | | | | | | | | | F | | 3,256 | | D | \$16. | 35 1 | 64,420.22 | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Owne | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | Code (Inst | | | | 6. Date E Expiratio (Month/D | n Dat | | le and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | |

Explanation of Responses:

/s/ Michael D. Schecter

08/07/2007

Date

** Signature of Reporting Person

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.