FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average h | urdon | | | | | | | | |

| 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

37 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

| | | | | | or | Sectio | on 30(h) | of the i | Ínvestme | nt Co | mpany Act | of 194 | .0 | | | | | | |
|---|---|--|---|----------------|--|---|----------|-------------------------------------|------------------------------------|----------|--|---|-------------------------------|---|---|---|---|---|---|
| 1. Name and Address of Reporting Person* MCCARTEN WILLIAM W | | | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | | | | | | | | | Check all ap | | ting Person(s) to Issuer | | | |
| | | | | . | | | | | | | | | | | | | | | |
| (Last) (First) (Middle) C/O DIAMONDROCK HOSPITALITY COMPANY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2013 | | | | | | | | | | ficer (give title low) | | Other (specify below) | | |
| 3 BETHESDA METRO CENTER, SUITE 1500 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | , | m filed by On | e Report | ing Pers | on |
| BETHES | DA M | D 2 | 20814 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting |
| (City) | (Si | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | ficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | Day/Year) if a | | A. Deemed xecution Date, any Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | ecurities Acquired (A posed Of (D) (Instr. 3, | | | nd Secu Bene Owne | 5. Amount of Securities Beneficially Owned Following | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (4 | A) or D) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common stock, par value \$0.01 per share 05/1 | | | | 05/15 | 5/2013 | | | | A ⁽¹⁾ | | 6,917 | 7 A \$0 | | \$ <mark>0</mark> . | 00 452,070 | | Г |) | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Owned | I | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemond Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersi Form: Direct (E or Indire (I) (Instr. | m: ect (D) ndirect | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Nun of Sha | ber | | | | | |

Explanation of Responses:

1. Annual grant of \$70,000 of fully vested common stock.

Remarks:

/s/ William J. Tennis, attorney-05/17/2013 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.