FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

| ngton, D.C. 20549 | OMB APPROVAL |
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| | |

| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-----------|--------------|--------------|-----------|

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

| OMB APPROVAL | | | | | | | | |
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| OMB Number: 3235-028 | | | | | | | | |
| Estimated average bu | ırden | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* GRAFTON W ROBERT | | | | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | | | | | | | | | | tionship of Reportinç all applicable) Director | | ng Pers | g Person(s) to Issuer 10% Owner | |
|---|--|--------------|-----------|---|--|--|---------|--|-------------------|----------|---|------------------|---|---|---|--|---|---|--|--|
| | | CK HOSPITALI | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2012 | | | | | | | | | | Office below | icer (give title ow) | | Other (specify below) | |
| 3 BETHESDA METRO CENTER, SUITE 1500 (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| BETHES | DA M | D 2 | 20814 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Di | | Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) Price | | • | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) | |
| Common stock, par value \$0.01 per share 01/10 | | | | | 0/2012 | | | | A | | 48(1) |) A | | \$ <mark>0</mark> . | 0.00 4 | | 41,240 | | 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 or Exercise Price of Derivative Security 3. Transaction Date Execution I if any (Month/Day/Year) (Month/Day/Year) | | | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deri Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | wnership orm: irect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

1. Additional deferred stock units awarded in connection with the reinvestment of a dividend as required by the terms of the deferred stock units.

Remarks:

/s/ William J. Tennis, attorney-01/11/2012 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.