FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL | . OWNERSHIP |
|------------------------------------|-------------|
| | |

OMB APPROVAL Estimated average burden hours per response: 0.5

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 * $\underline{\text{Tennis William J}}$ | | | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | | | | | | | | | all applic Directo | | | son(s) to Issu 10% Ow Other (s | ner |
|--|---|--|---|------------------------|---|--------|--|---|-------------------------------|------------|--|--|---|--|---|---|--|--|
| | MONDRO | CK HOSPITAL | | 01 | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2014 | | | | | | | | X | Officer (give title below) EVP & Ger | | neral | below) | респу |
| (Street) BETHES | • | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | - | (Zip) | Derivative | e Se | curiti | es Ac | guired. D | ispose | ed (| of. or Be | eneficia | allv | Owned | Ī | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | Transaction | action 2A. Deemed Execution Date, | | a. 3. 4. Secur Transaction Dispose Code (Instr. 5) | | rities Acqui ed Of (D) (In | red (A) or | 5. Amor 4 and Securit Benefic Owned | | nt of es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | / Am | ount | (A) (D) | Price | : | Reported Transact (Instr. 3 a | nsaction(s) tr. 3 and 4) | | | (Instr. 4) | |
| | | 1 | able II - De (e. | erivative g., puts, | | | | | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Code | | | | 5. Date Exerc Expiration Da Month/Day/\ | ate | nd | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | D S | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | Code V | | | Date Exercisable | Expirati Date | ion | Title | Amount or Number of Shares | | | | | | |
| Market stock units | \$0.0 | 01/10/2014 | | A | | 0(1) | | (2) | 02/27/20 | 014 | Common stock | 112.5 | | \$0 | 30,793.5 | 5(4) | D | |
| Market stock units | \$0.0 | 01/10/2014 | | A | | 0(1) | | (2) | 02/27/20 | 015 | Common | 130.5 | (1) | \$0 | 30,793.5 | (4) | D | |

Explanation of Responses:

- 1. No additional Market Stock Units were granted. This Form 4 reports the dividends related to the underlying common stock on Market Stock Units previously issued.
- 2. The Market Stock Units vest 3 years from the date of issue and convert into a certain number of shares of common stock, depending on total shareholder return over the vesting period.
- 3. Represents the maximum number of shares that may be issued with respect to the dividends paid.
- 4. Represents the maximum total number of shares that may be issued with respect to the aggregate number of Market Stock Units issued but not vested.

Remarks:

01/13/2014 /s/ William J. Tennis

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.