FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |  |

|   | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5           |
| ı | obligations may continue. See          |
|   | Instruction 1(h)                       |

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*                         |  |                                    |   |                         |        |                |  |  |                                |                   |   |                        |                                    |                            |   | 5. Relationship of Reporting Person(s) to Issuer   |  |  |   |  |  |
|---|--|------------------------------------|---|-------------------------|--------|----------------|--|--|--------------------------------|-------------------|---|------------------------|------------------------------------|----------------------------|---|--|--|--|---|--|--|
| Mahone  | Dia  | DiamondRock Hospitality Co [ DRH ] |   |                         |        |                |  |  |                                |                   | heck  | all applic<br>Director | ,                                  | 10% C                      | Owner   |  |  |  |   |  |  |
| ,   |  |                                    |   |                         |        |                |  |  |                                |                   |   |                        | Officer (                          | (give title                | Other<br>below  | (specify   |  |  |   |  |  |
| (Last)  | (Fi  |                                    | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2007 |                         |        |                |  |  |                                |                   |   |                        | ,                                  | CAO & Corporate Controller |   |  |  |  |   |  |  |
| C/O DIA   | MONDRO   | 00/0                               |   |                         |        |                |  |  |                                |                   |   |                        |                                    |                            |   | -  |  |  |   |  |  |
| 6903 RO   | CKLEDGE  | _                                  |   |                         |        |                |  |  |                                |                   |   |                        |                                    |                            |   |  |  |  |   |  |  |
|   |  |                                    |   |                         |        |                | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |                                |                   |   |                        |                                    |                            |   |  | Individual or Joint/Group Filing (Check Applicable Line)                 |  |   |  |  |
| (Street)  | DA M   | D 3                                | 20817   |                         |        |                |  |  |                                |                   |   |                        |                                    |                            | iled by One   | Reporting Pers   | on   |  |   |  |  |
| ———   | BETHESDA MD 20817  |                                    |   |                         |        |                |  |  |                                |                   |   |                        |                                    |                            |   | Form filed by More than One Reporting Person   |  |  |   |  |  |
| (City)  | (SI  | ate) (                             | Zip)  |                         |        |                |  |  |                                |                   |   |                        |                                    |                            |   |  |  |  |   |  |  |
|   |  | Tabl                               | e I - Nor   | n-Deriva                | ative  | Sec            | uritie   | s Acc                                      | quired                         | , Dis             | posed o   | f, or                  | Ben                                | eficia                     | ally (  | Owned  | l  |  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |                                    |   |                         |        | Execution Date |  |  | Code                           | action<br>(Instr. |   |                        |                                    |                            | ıd  | Securities<br>Beneficially   |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|   |  |                                    |   |                         |        |                | V  | Amount                                     | (                              | A) or<br>D)       | Price   |                        | Transaction(s)<br>(Instr. 3 and 4) |                            |   | (Instr. 4)   |  |  |   |  |  |
| Common Stock 08/01/   |  |                                    |   |                         |        | 2007           |  |  | F                              |                   | 675   |                        | D                                  | \$16.85                    |   | 51,82  | 23.22  | D  |   |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                    |   |                         |        |                |  |  |                                |                   |   |                        |                                    |                            |   |  |  |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | ative Conversion Date Execution ity or Exercise (Month/Day/Year) if any  |                                    |   | Date, Transa<br>Code (I |        |                |  | rative<br>rities<br>ired<br>r<br>osed<br>) | 6. Date<br>Expirati<br>(Month) | on Dat            | Securities Underlying Derivative Security (Instr. |                        | str. 3                             |                            | rative de rity So | . Number of<br>lerivative<br>Securities<br>Beneficially<br>Dwned<br>collowing<br>Reported<br>Gransaction(<br>Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |  |
|   |  |                                    |   |                         | Code V |                | (A)  | (D)  |                                |                   | Expiration<br>Date                                | Title                  | or<br>Nur<br>of                    | ount<br>mber<br>ares       |   |  |  |  |   |  |  |

**Explanation of Responses:** 

/s/ Michael D. Schecter, Attorney-in-Fact

08/07/2007

\*\* 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.