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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| - | | | | | | | | | | |
|--|---------|---------|----------------|--|--|-----------------------------------|-----------------|--|--|--|
| 1. Name and Address of Reporting Person* MCCARTEN WILLIAM W | | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | <u>vv</u> | <u></u> | X | Director | 10% Owner | | | |
| | | | | | - x | Officer (give title | Other (specify | | | |
| (L | ast) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| C/O DIAMONDROCK HOSPITALITY COMPANY | | | TALITY COMPANY | 02/27/2009 | | Executive Chairman | | | | |
| 6903 ROCKLEDGE DRIVE, SUITE 800 | | | UITE 800 | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicabl | | | | | |
| (St | reet) | | | | Line) | | | | | |
| B | ETHESDA | MD | 20817 | | | Form filed by One Repo | orting Person | | | |
| - | | | | | | Form filed by More than Person | n One Reporting | | | |
| (C | City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | 4. Securities A Disposed Of (5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|--------------|---|--|--------------------|--------|------------------------------------|---|---|
| | | | Code | v | Amount | nount (A) or Price | | Transaction(s) (Instr. 3 and 4) | | (|
| Common Stock, par value \$0.01 per share | 02/27/2009 | | F | | 14,146 ⁽¹⁾ | D | \$3.09 | 527,064.15 | 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 (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. In connection with the vesting of restricted shares granted in prior years, these shares were withheld by the Company in order to satisfy income taxes withholding requirements.

| /s/ Michael D. Schecter, | 03/03/2009 |
|----------------------------------|------------|
| <u>attorney in fact</u> | 03/03/2009 |
| ** 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.