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 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

| Name and Address of Reporting Person*     Quinn Briony R.     |   |                        |   |                   | 2. Issuer Name and Ticker or Trading Symbol  DiamondRock Hospitality Co [ DRH ] |   |                  |   |                                    |   |                                     | (Che  | eck all appl<br>Direct                            | ,  | ng Pers                    | son(s) to Is<br>10% Ov<br>Other (s                                      | vner                                  |   |     |
|---|---|------------------------|---|-------------------|---|---|------------------|---|------------------------------------|---|-------------------------------------|---|---|--|----------------------------|---|---------------------------------------|---|-----|
| (Last) C/O DIA COMPA  |   | st) (M<br>CK HOSPITAL: | Middle)                                 |                   |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2023 |                  |   |                                    |   |                                     |   | _ >   | below  | ice Presid                 | lent &  | below)                                | ·   |     |
| 2 BETHESDA METRO CENTER, SUITE 1400  (Street)                 |   |                        |   |                   | 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  | SDA M   | D 2                    | 0814                                    |                   |   |   |                  |   |                                    |   |                                     |   |   |  | _                          | filed by Mo   |                                       | Ü   | - 1 |
| (City)  | (St   | ate) (Z                | ip)                                     |                   |   |   |                  |   |                                    |   |                                     |   |   |  |                            |   |                                       |   |     |
|   |   | Table                  | I - Nor                                 | n-Deriva          | tive S  | Secu  | rities           | s Acqı  | uired,                             | Dis   | osed of                             | , or E  | Bene  | ficial   | ly Own                     | ed  |                                       |   |     |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |                        |   |                   | Execution if any  |   | ecution Date,    |   |                                    |   | es Acquired (A<br>Of (D) (Instr. 3, |   |   | Benefic  | ies<br>cially<br>Following | Form: Direct  |                                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |     |
|   |   | Code                   | v                                       | Amount (A) or (D) |   |   | or F             | Price   | Transaction(s)<br>(Instr. 3 and 4) |   |                                     |   | (111341. 4)                                       |  |                            |   |                                       |   |     |
| Common stock, par value \$0.01 per share 02/27/               |   |                        |   | 2023              |   | F   |                  | 8,736   | Ι                                  |   | \$8.9                               | 8.9 233,915   |   |  | D                          |   |                                       |   |     |
|   |   | Tal                    |   |                   |   |   |                  |   |                                    |   | osed of, o                          |   |   |  | Owned                      | l   |                                       |   |     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any |                        | 4.<br>Transaction<br>Code (Instr.<br>8) |                   | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Disp<br>of (D<br>(Inst                  | of Expirati   |                  | s. Date Exercisable and<br>Expiration Date<br>Month/Day/Year) |                                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                                     | str.  | . Price of<br>Derivative<br>Decurity<br>Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | y G                        | LO.<br>Dwnership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |   |     |
|   |   |                        |   |                   |   |   | Date<br>Exercisa | able  | Expiration<br>Date                 | Title   | Amo<br>or<br>Num<br>of<br>Shar      | ber   |   |  |                            |   |                                       |   |     |

**Explanation of Responses:** 

Remarks:

/s/ Briony R. Quinn

02/28/2023

\*\* 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.