#### Edgar Filing: HEALTHCARE TRUST OF AMERICA, INC. - Form 3

HEALTHCARE TRUST OF AMERICA, INC.

Form 3 July 09, 2014

# FORM 3

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

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**SECURITIES**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement HEALTHCARE TRUST OF AMERICA, INC. [HTA] Milligan Robert A (Month/Day/Year) 07/09/2014 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O HEALTHCARE TRUST OF (Check all applicable) AMERICA, INC., 16435 N. SCOTTSDALE ROAD, SUITE 10% Owner Director 320 \_X\_\_ Officer Other (give title below) (specify below) (Street) 6. Individual or Joint/Group **EVP** - Corporate Finance Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person SCOTTSDALE, Â AZÂ 85254 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) (Instr. 5) Form: Direct (D) or Indirect (Instr. 5) Â Common Stock 127,800 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

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	Date Exercisable	Expiration Date	(Instr. 4)  Title Amount or Number of Shares		Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Partnership Units	(1)	05/16/2016	Common	15,000	\$ <u>(1)</u>	D	Â

# **Reporting Owners**

Reporting Owner Name / Address		Relationships				
<b>,</b>	Director	10% Owner	Officer	Other		
Milligan Robert A						
C/O HEALTHCARE TRUST OF AMERICA, INC.	Â	Â	EVP - Corporate Finance	â		
16435 N. SCOTTSDALE ROAD, SUITE 320	А	А	A EVI - Corporate Finance	А		
SCOTTSDALE Â AZÂ 85254						

# **Signatures**

/s/ Robert A. Milligan by Kellie S. Pruitt, as attorney-in-fact, for Robert A.
Milligan

07/09/2014

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

This represents the grant to the reporting person of membership units in Healthcare Trust of America Holdings, LP, a subsidiary of the issuer ("HTAOP"), as part of a long-term incentive program established by the issuer ("LTIP Units"). The vesting of these LTIP Units is contingent upon the issuer's common stock achieving specified price targets no later than May 16, 2016, subject to the reporting person's continued employment with the issuer through the date the applicable target is achieved. Upon vesting, the LTIP Units will be converted into common units of HTAOP and may be converted into shares of the issuer's common stock in accordance with the HTAOP partnership agreement (subject to certain limitations based on the allocations of gain made to the LTIP Units).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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