## Edgar Filing: Cimerola Patrick - Form 4

Cimerola Pat Form 4	rick										
Form 4 February 26, 2019 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).								OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5			
(Print or Type R	esponses)										
1. Name and A Cimerola Pa	2. Issuer Name and Ticker or Trading Symbol CHOICE HOTELS INTERNATIONAL INC /DE [CHH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
1 CHOICE HOTELS CIRCLE (Month/ 02/24/2 (Street) 4. If Am			3. Date of Earliest Transaction (Month/Day/Year) 02/24/2019					<ul> <li> Director</li> <li> 10% Owner</li> <li> Officer (give title Other (specify below)</li> <li>Chief Human Resources Officer</li> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
				f Amendment, Date Original ed(Month/Day/Year)							
ROCKVILL	E, MD 20850							Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)	Table 1	I - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year)	) Execution any	n Date, if 7 C Day/Year) (	Fransaction	(Instr. 3, 4	sposed 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/24/2019			F	128	D	\$ 81.15	20,724.8	D		

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

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 control number.

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

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I Service and service and	Director	10% Owner	Officer	Other				
Cimerola Patrick 1 CHOICE HOTELS CIRCLE ROCKVILLE, MD 20850			Chief Human Resources Officer					
Signatures								
Bret L. Limage, Attorney In Fact	02	/26/2019						

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

\* 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. 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.