

Community Healthcare Trust Inc  
 Form 4  
 September 16, 2016

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 Person \*  
**WALLACE TIMOTHY G**

2. Issuer Name and Ticker or Trading Symbol  
**Community Healthcare Trust Inc [CHCT]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction  
 (Month/Day/Year)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 Chairman, CEO and President

**C/O COMMUNITY HEALTHCARE TRUST INCORPORA, 3326 ASPEN GROVE DRIVE, SUITE 150**

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**FRANKLIN, TN 37067**

(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) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Ownership (Instr. 4) |                      |         |   |                          |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|--|----------------------|---------|---|--------------------------|
|                                 |                                      |  |                                | Code  | V   | Amount   | (A) or (D)                                 | Price                |         |   |                          |
| Common Stock                    | 09/15/2016                           |  | P                              |   |   | 9,616<br>(1)   | A  | \$<br>21.4439<br>(2) | 228,256 | D |                          |
| Common Stock                    | 09/16/2016                           |  | P                              |   |   | 9,906<br>(1)   | A  | \$<br>21.1587<br>(3) | 238,162 | D |                          |
| Common Stock                    |                                      |  |                                |   |   |  |  |                      | 120,000 | I | Athena Funding Partners, |



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of Community Healthcare Trust Incorporated, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnotes (2) and (3) to this Form 4.

- (3) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$20.80 to \$21.30, inclusive.

- (4) The amount shown represents the beneficial ownership of the Company's securities by Athena Funding Partners, LLC ("AFP"). The reporting person owns 99% of AFP and disclaims beneficial ownership of the securities to the extent it exceeds his pecuniary interest therein and the inclusion of the shares in this report shall not be deemed to be an admission of beneficial ownership of the reported shares for the purposes of Section 16 to the Exchange Act or otherwise.

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.