FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

					.6(a) of the Securities Exchange A the Investment Company Act of 19				<u>'</u>		
1. Name and Ad Colony No	•	2. Date of Event Requiring Staten (Month/Day/Year 01/10/2017	nent	3. Issuer Name and Ticker or Trading Symbol Colony Starwood Homes [ SFR ]							
(Last) (First) (Middle) C/O COLONY NORTHSTAR, INC. 515 S. FLOWER STREET, 44TH FLOOR							n(s) to Issuer  10% Owner  Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) LOS ANGELES CA 90071		below)			below)		6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person				
(City)	(State)	(Zip)									
			Table I - Non	-Derivati	ve Securities Beneficiall	y Owned					
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)  Security 2. Amount of Securities  Graph 1. Securities  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common shares of beneficial interest					15,119,807	I	Ву со		controlled entity <sup>(1)</sup>		
		(6			e Securities Beneficially onto		s)				
Expiration			2. Date Exerc Expiration Da (Month/Day/)	ate	3. Title and Amount of Securi Underlying Derivative Securi	rity (Instr. 4) Co		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Exercisable				Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)		
1. Name and Ad Colony No		J									
(Last) (First) (Middle) C/O COLONY NORTHSTAR, INC. 515 S. FLOWER STREET, 44TH FLOOR											
(Street) LOS ANGEL	LES CA	9007	1								

## Explanation of Responses:

LOS ANGELES

1. Colony NorthStar, Inc. is the indirect controlling entity of CFI CSFR Investor, LLC.

(State)

(First)

515 S. FLOWER STREET, 44TH FLOOR

CA

(State)

1. Name and Address of Reporting Person\*

<u>CFI CSFR Investor, LLC</u>

## Remarks:

(City)

(Last)

(Street)

(City)

/s/ Darren J. Tangen, authorized signatory /s/ Darren J. Tangen, authorized signatory, CFI CSFR Investor, LLC

02/07/2017

02/07/2017

Date

\*\* Signature of Reporting Person

(Zip)

(Middle)

90071

(Zip)

- $^{\star}$  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).

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.