FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						
	OMB Number: Estimated average burd						

Form 3 Holdings Reported.

X Form 4	Transactions R	eported.	File	ed pursuant to or Section					ities Excha ompany Ac									
1. Name and Address of Reporting Person* BARRACK THOMAS JR					2. Issuer Name and Ticker or Trading Symbol Colony NorthStar, Inc. [CLNS]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
		st) (I THSTAR, INC., TREET, 44TH I		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017							X	X Officer (give title Other (specify below) Executive Chairman						
(Street) LOS ANGELES CA 90071				4. If Amendment, Date of Original Filed (Month/Day/Year)						r)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta		^{Zip)} e I - Non-Deri v	rative Secu	uritie	es Aci	auire	ed. Di	sposed	of. or	Benefic	ially	v Owne	-d				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	ion 2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial		
			(Month/Day/Y	ear)	8)		Amount		(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
8.50% Sei	.50% Series F Preferred Stock 06/23/2		06/23/2017			J4 ⁽¹⁾		373,784		D	\$25		0		I]		By Managed Investment Vehicle ⁽²⁾	
7.50% Series G Preferred Stock												297,841		I		By Managed Investment Vehicle ⁽²⁾		
7.125% S	25% Series H Preferred Stock												292,093			I	By Managed Investment Vehicle ⁽²⁾	
		Та	ble II - Derivat (e.g., p	ive Securi uts, calls,									Owned					
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. Transaction Code (Instr. 8)	5. Nu of Deriv Secul Acqui (A) oi Dispo of (D) (Instrand 5	rative rities ired r osed . 3, 4	Expii (Mon	Date Expiration Date Expiration Date Month/Day/Year) Date Expiration Expiration Date Date			le and unt of rities rrying rative rity (Instr. 3 1) Amoun or Numbe of Shares	Di Se (li	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Ownersl Form: Direct (I or Indire (I) (Instr.		Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

- 1. The reported securities were redeemed by the Issuer at a price equal to \$25.00.
- 2. Represents acquisitions by an investment vehicle between and managed by (i) an investment fund sponsored and managed by affiliates of Colony NorthStar, Inc. and beneficially controlled by the reporting person through the general partner of such investment fund and (ii) a wholly-owned subsidiary of Colony Capital Operating Company, LLC. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all reported shares for purposes of Section 16 or for any other purpose.

Remarks:

/s/ David A. Palame, as Attorney-in-fact

02/14/2018

** Signature of Reporting Person

Date

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.