FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden

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

	tion 1(b).	uc. Sec		File							urities Exchanç Company Act			34			liours	perre	esponse.	0.5
	nd Address of NorthSta	Reporting Person* <u>r, Inc.</u>			2. Is No	ssuer N	Name a	and Ti	cker or	Tradir	ng Symbol npital Inco					all app Direc	o of Reportin olicable) ctor er (give title		X 10% C	
44TH FLOOR 44TH FLOOR 4			10/	17/20	17			`	nth/Day/Year)					belov			below			
(Street) LOS AN (City)	GELES CA		00071 Zip)		- 4. If	Amen	dment	, Date	of Orig	inal Fi	iled (Month/Da	ay/Ye	ar)		. Indiv ine) X	Form	r Joint/Group n filed by Ond n filed by Mod on	e Rep	orting Pers	son
(,)				lon-Deriv	ative	Sec	uritie	s Ac	auire	ed. D	isposed o	f. O	r Ben	efici	ally (Owne	-d			
1. Title of S	Security (Inst			2. Transacti Date (Month/Day	on	2A. Do Execu	eemed ution Da	ate,	3. Transa Code (ction	4. Securities Disposed Of	Acqu	ired (A) or	5)	5. Amou Securiti Benefic	unt of es ially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		A) or D)	Price	- 11	Transad (Instr. 3	tion(s)			(msu. 4)
Class A Common Shares			10/17/20	10/17/2017				P		119,115.04	14	A	\$9.04		2,161,674.349				By Colony NorthStar FV Holdings, LLC	
		Та	ble II								posed of, convertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities ired r osed)	Expir	te Exe ation I th/Day		Ame Sec Und Deri	itle and bunt of urities lerlying vative urity (II 4)	J			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, 1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Nu of	ımber						
	nd Address of NorthSta	Reporting Person* r, Inc.																		
(Last) 515 SOU 44TH FL	TH FLOW	(First) ER ST	(1)	∕liddle)																

(Street) LOS ANGELES CA 90071 (City) (State) (Zip) 1. Name and Address of Reporting Person* Colony Capital Operating Company, LLC (Last) (First) (Middle) 515 SOUTH FLOWER ST 44TH FLOOR (Street) LOS ANGELES CA 90071 (City) (State) (Zip) 1. Name and Address of Reporting Person*

Colony NorthStar FV Holdings, LLC						
(Last)	(First)	(Middle)				
C/O COLONY NORTHSTAR, INC,						
515 SOUTH FLOWER STREET, 44TH FLOOR						
(Street)						
LOS ANGELES	CA	90071				
,						
(City)	(State)	(Zip)				

Explanation of Responses:

/s/ David A. Palame, Chief
Compliance Officer of Colony
NorthStar, Inc., in its own
capacity and as managing
member of Colony Capital
Operating Company, LLC, in
its own capacity and as

10/19/2017

Operating Company, LLC, in its own capacity and as managing member of Colony NorthStar FV Holdings, LLC

** 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.