### Edgar Filing: WALLACE TIMOTHY G - Form 4

#### WALLACE TIMOTHY G

Form 4

Common

Common

Stock

Stock

12/08/2017

December 08, 2017

| Check this bo<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue | subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction  SIATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  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 |  |   |                                   |                                    |                |   |  | PROVAL 3235-0287 January 31, 2005 verage s per 0.5    |  |  |
|--|---|--|---|-----------------------------------|------------------------------------|----------------|---|--|---|--|--|
| (Print or Type Resp  | onses)  |  |   |                                   |                                    |                |   |  |   |  |  |
| 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<br>Issuer  (Check all applicable)   |  |   |  |  |
| (Last)  C/O COMMUN  TRUST INCOR  ASPEN GROV  150   | NITY HEALT<br>RPORA, 3326   | 5  |   | f Earliest T<br>Day/Year)<br>2017 | ransaction                         |                | _X_ Director<br>_X_ Officer (give<br>below)<br>Chairman,  |  | Owner<br>r (specify<br>dent                           |  |  |
|  |   |  |   | endment, D<br>nth/Day/Yea         | ate Original                       | I              | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting |  |   |  |  |
| (City)   | (State)   | (Zip)                                      | Tab   | le I - Non-l                      | Derivative :                       | Securities Acq | Person uired, Disposed of,  | or Beneficiall   | v Owned   |  |  |
|  | ransaction Date onth/Day/Year)  | 2A. Deeme<br>Execution<br>any<br>(Month/Da | ed<br>Date, if  | 3.                                | 4. Securition Dispose (Instr. 3, 4 | es Acquired (A | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |  |

\$

(2)

27.3251 438,107

120,000

D

I

A

10,047

<u>(1)</u>

P

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

Athena

Funding

Partners, LLC (3)

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SEC 1474 (9-02)

Other

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

| 1. Title of Derivative | 2. Conversion                                     | 3. Transaction Date (Month/Day/Year) |                      | 4.                 | 5.<br>onNumber | 6. Date Exerc<br>Expiration D |                    | 7. Titl         |  | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|---|--------------------------------------|----------------------|--------------------|----------------|-------------------------------|--------------------|-----------------|--|------------------------|---|
| Security (Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Tear)                     | any (Month/Day/Year) | Code<br>(Instr. 8) | of             | (Month/Day/                   |                    | Under<br>Securi | rlying                                 | Security (Instr. 5)    | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |   |                                      |                      | Code V             | (A) (D)        | Date<br>Exercisable           | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of<br>Shares |                        |   |

## **Reporting Owners**

**Relationships** Reporting Owner Name / Address Director 10% Owner Officer

WALLACE TIMOTHY G C/O COMMUNITY HEALTHCARE TRUST **INCORPORA** 3326 ASPEN GROVE DRIVE, SUITE 150 FRANKLIN, TN 37067

Chairman, CEO and X President

## **Signatures**

/s/ Christopher M. Douse, Attorney-in-Fact

12/08/2017

Date

\*\*Signature of Reporting Person

# **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).
- The purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$27.1375 to \$27.4950, inclusive. The reporting person undertakes to provide to Community Healthcare Trust Incorporated, any security holder 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 range set forth in this footnote (2) to this Form 4.
- (3) 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

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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.