| Maginnis Go Form 5 February 12 | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| FORM | 15 | | | | | | OMB AF | PROVAL | |
| · • • • • | - | STATES SEC | CURITIES AN | D EXCHA | ANGE C | OMMISSION | OMB Number: | 3235-0362 | |
| Check thi | | | Washington, I | shington, D.C. 20549 | | | | January 31, | |
| no longer subject Expires: building 21 to Section 16. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Estimated average 5 obligations OWNERSHIP OF SECURITIES burden hours per may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported form 4 30(h) of the Investment Company Act of 1940 Transactions Reported So(h) of the Investment Company Act of 1940 Form 4 | | | | | | | | | |
| Maginnis Gerald J. | | | ouer Name and Tio bol HEN & STEEF OME REALT | RS QUALI | ГΥ | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
| (Last) | (First) (1 | (Mor | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017 | | | Officer (give t below) | | r (specify | |
| 280 PARK FLOOR | AVENUE, 10T | | | | | | | | |
| | Amendment, Date (Month/Day/Year) | mendment, Date Original 6. Individual or Joint/Group Reporting Month/Day/Year) (check applicable line) | | | | | | | |
| NEW YOR | K, NY 10017 | | | | | _X_ Form Filed by C Form Filed by M Person | | | |
| (City) | (State) | (Zip) | Table I - Non-De | rivative Secu | rities Acq | uired, Disposed of | , or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock, par | | | | Amount | (A) or (D) Pri | (Instr. 3 and 4) | (| | |
| value \$0.001 per share | 12/31/2017 | Â | А | 100.139 (1) | A \$(| 0 1,412.278 | D | Â | |
| Domindan Da | ort on a comprete line | for each class of | Doroono w | the recent | to the er | alloction of infor | mation | SEC 2270 | |

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

Persons who respond to the collection of information contained in this form are not required to respond unless

SEC 2270 (9-02)

Edgar Filing: Maginnis Gerald J. - Form 5

the form displays a currently valid OMB control number.

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

| 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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying iities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. O B O E I S G I S (I |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Maginnis Gerald J. 280 PARK AVENUE 10TH FLOOR NEW YORK, NY 10017 | Â | Â | Â | Â | | |
| Signatures | | | | | | |
| Francis C. Poli, Attorney-in-Fact | 02/12/2018 | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | |

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).

(1) Shares were acquired through dividend reinvestments at various prices at fair market value throughout the 2017 reporting year.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.