## Form **8937**(December 2011) Department of the Treasury Internal Revenue Service Part Reporting Issuer

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

1 Issuer's name			2 Issuer's employer identification number (EIN)	
FELCOR LODGING TRUS	T INCORPORATED		75-2541756	
3 Name of contact for ac	dditional information	4 Telephone No. of contact	5 Email address of contact	
STEPHEN SCHAFER		972-444-4900	SECURED OFFI ORD OCH	
6 Number and street (or P.O. box if mail is not		delivered to street address) of contact	SSCHAFER@FELCOR.COM     City, town, or post office, state, and Zip code of contact	
545 E. JOHN CARPENTER	D EDEEWAY CUITE	4200		
8 Date of action	REEWAY, SUITE	9 Classification and description	IRVING, TX 75062	
1/30/15, 4/30/15, 7/31/15, 1 10 CUSIP number		COMMON STOCK	1	
10 COSIF Humber	11 Serial number(s	s) 12 Ticker symbol	13 Account number(s)	
31430F101		FCH		
Part II Organizati	onal Action Attac	h additional statements if needed. See	e back of form for additional questions.	
14 Describe the organiza	itional action and, if a	pplicable, the date of the action or the date	against which shareholders' ownership is measured for	
QUART	FERLY CASH DISTRI	IBUTIONS ON COMMON STOCK IN THE	AMOUNT OF \$0.040 FOR EACH OF	
JANUARY 30, 2015, APRIL	30, 2015, JULY 31,	2015, AND OCTOBER 30, 2015. TOTAL E	DISTRIBUTIONS FOR 2015 WERE \$0.16.	
oriale of as a percenta	ige of old basis FE	LCOR LODGING TRUST INCORPORATE	in the hands of a U.S. taxpayer as an adjustment per	
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Par	t II	Organizational Action (contin	ued)		Pag
17 CODE	List the	e applicable Internal Revenue Code se TIONS 312 AND 316, AND THE APPL	ection(s) and subsection(s) upon which	n the tax treatment is based ▶	INTERNAL REVENUE
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8 (	Can an	y resulting loss be recognized? ► SI	NCF ALL 2015 DISTRIBUTIONS ARE	E OL ASSIEIED AS MON DIVII	SEND DISTRIBUTIONS
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<b>9</b> P	lravida	am, athou information			
9 1	rovide	any other information necessary to im-	iplement the adjustment, such as the	reportable tax year ▶	
			(9)		
	Under	penalties of perjury, I declare that I have e	examined this return, including accompany	ring schedules and statements, an	d to the best of my knowledge
	belief,	it is true, correct, and complete. Declaration	n of preparer (other than officer) is based of	on all information of which prepare	has any knowledge.
ign ere			ginal signatures is availabl	le 📝 /	10/11
0,0	Signat	ure ▶. for review at the co	rporate offices.	Date ►	19/16
	Print 0	our name ► DAVID W. MCGIVNEY		THE MAIN CO.	TAV
aid		Print/Type preparer's name	Preparer's signature	Title ► VP INCOME	DTIN
<sup>aio</sup> repa	- 1			C	heck [_] if   ' '''' elf-employed
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nd Fo	rm 893	37 (including accompanying statement	s) to: Department of the Treasury, Int		