Edgar Filing: Pacious Patrick - Form 4

| Pacious Patri | ick | | | | | | | | | | | |
|---|--|-----------------|------------|--|-------|------------|------------------|-------------|--|--------------------------------------|---------------------------------------|--|
| Form 4 | | | | | | | | | | | | |
| September 14 | 4, 2009 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB AF | OMB APPROVAL | | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Subject to Section 16. | | | | CHANGES IN BENEFICIAL OWNE SECURITIES | | | | | NEDSHID OF | Expires: | January 31, 2005 | |
| | | | | | | | | | VERSIII OF | Estimated a burden hour | rs per | |
| Form 4 o Form 5 | | | Castian 1 | 6(a) of the Securities Exchange | | | | | - A -t -f 1024 | response | 0.5 | |
| obligation | 20 | • | | | | | | • | 7 1935 or Section | , | | |
| may cont <i>See</i> Instru | inue. | | of the In | • | | • | - · | | | 1 | | |
| 1(b). | iction | | | | | | • | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | | |
| Pacious Patrick Symb | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol CHOICE HOTELS | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | NTERNATIONAL INC /DE [CHH] | | | | | (Checl | Check all applicable) | | |
| (Last) | (First) | (Middle) | 3. Date of | Earlies | t Tra | insaction | | | Director | | Owner | |
| | | | | onth/Day/Year) /13/2009 | | | | | _X_ Officer (give title Other (specify below) below) Senior Vice President | | | |
| (Street) 4. If A | | | 4. If Ame | . If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| Filed(Mon | | | | Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| SILVER SP | RING, MD 2 | 0901 | | | | | | | Form filed by M Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - No | n-De | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if | | | | | | | | 5. Amount of Securities | 6. Ownership Form: Direct | Indirect | |
| (Instr. 3) | | any (Month/I | Day/Year) | Code (Instr. | , | (Instr. 3, | (A) or (D) | | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| Common | 00/12/2000 | | | | v | Amount | | Price \$ | 10.029 | D | | |
| Stock | 09/13/2009 | | | F | | 228 | D | 29.15 | 10,938 | D | | |

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 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. 6. Date Exercisable and Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | | (A) or Disposed | | | | | | Repo Trans |
| | | | | of (D) | | | | | | (Instr |
| | | | | (Instr. 3, 4, and 5) | | | | | | |
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Pacious Patrick 10750 COLUMBIA PIKE SILVER SPRING, MD 20901 | | | Senior Vice President | | | | | |
| Signatures | | | | | | | | |
| Bret L. Limage, attorney in fact | 09/1 | 4/2009 | | | | | | |
| <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).

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.