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| Form 4 | I A | | | | | | | | | | |
|--|--|----------|---|---|-------------|------------------|------------|--|--|----------------|--|
| December 16 | , 2011 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| | UNITEDS | STATES | | ITIES A hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 | F CHAN | SECUR | Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5 | | | | | | | | |
| obligation may conti <i>See</i> Instru 1(b). | nue. Section 17(a |) of the | | ility Hold | ing Com | ipany | Act of | e Act of 1934, f 1935 or Sectio 40 | n | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| (| | | 2. Issuer Name and Ticker or Trading Symbol CHOICE HOTELS INTERNATIONAL INC /DE [CHH] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Mo | | | 3. Date of (Month/Da 12/14/20 | - | ansaction | | | Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| SILVER SP | RING, MD 20901 | l | | | | | | Form filed by M Person | Iore than One Re | eporting | |
| (City) | (State) (| Zip) | Table | e I - Non-D | erivative S | Securi | ities Acc | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, it | | on Date, if | 3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5) | | | | SecuritiesIBeneficially0OwnedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Commu | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 12/14/2011 | | | А | 33 | А | \$ 36.6 | 47,681.08 | D | | |
| Common Stock | | | | | | | | 586 | I | 401(k) Plan | |

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.

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 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. Transact Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Unde Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|---------------|--|---|---|
| | | | | 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 | | | | |
| Pepper David A 10750 COLUMBIA PIKE SILVER SPRING, MD 20901 | | | Senior Vice President | | | | | |
| Signatures | | | | | | | | |
| Bret L. Limage, attorney in fact | 12/1 | 6/2011 | | | | | | |
| <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.