## Edgar Filing: MORRISON GERHARDT - Form 4

MORRISON	GERHARDT												
Form 4													
February 14,													
FORM	$ 4 _{\text{UNITED}}$	статес	SECUD	ITIEC	A NI	D FV(	Ч <b>ТТ</b> А Т	NCE	COMMISSION	т	OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box										January 31,			
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW				LOW	NERSHIP OF	Expires:	2005		
subject to Section 16. SECURITIES								average Irs per					
	Form 4 or								response	•			
Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(c) of the Public Utility Helding Company Act of 1025 or Section													
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940													
See Instru	ction	50(II)	of the my	vestmen	n CC	Jinpany	Act	01 19	40				
1(b).													
(Print or Type R	esponses)												
MODDICON CEDITADDT							5. Relationship of Issuer	f Reporting Person(s) to					
MORRISON GERHARDT Symbol					. [1]				135001				
Home				omeStreet, Inc. [HMST]					(Check all applicable)				
(Last)	(First)	(Middle)						100					
				Month/Day/Year) /2/10/2012					_X_ Director 10% Owner Officer (give title Other (specify				
001 UNION STREET, SUITE 2000 02/10				10/2012					below)	below)			
(Street) 4. If Ame				endment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mor				onth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
									ore than One Reporting				
SLATTLL,	WA 90117								Person				
(City)	(State)	(Zip)	Table	e I - Non-	Deri	ivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Da	ate 2A. Dee	emed 3.			4. Securities			Securities		Indirect		
Security	(Month/Day/Yea		on Date, if	TransactionAcquired (A) or									
(Instr. 3)		any (Month/	/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)					-		Beneficial Ownership		
		• • • • • • • • • •								(Instr. 4)			
							(A)		Reported Transaction(s)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	0.0 // 0./0.0 / -												
Stock	02/10/2012			Р	5	500 <u>(1)</u>	А	\$ 44	1,766.4	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)	3. Transaction Date (Month/Day/Year)	4. Transact: Code (Instr. 8)	of	er Expiration I (Month/Day tive ies ed ed 3,			le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
		Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address					
1	Director	10% Owner	Officer	Other	
MORRISON GERHARDT 601 UNION STREET, SUITE 2000 SEATTLE, WA 98117	Х				
Signatures					
/s/ Godfrey B. Evans, attorney in fact Morrison	ardt	02/10/2012			
<u>**</u> Signature of Reporting Pers		Date			
Evalenation of Deene		-			

## **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 purchased in the directed share program of the initial public offering.

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.