Edg	gar Filing: TEAC	HERS IN	ISURA	NCE & A	ANNUIT	Y AS	SOCIAT	TON OF AME	RICA - For	m 4		
Form 4	S INSURANCE & 2017	& ANNUI	TY ASS	SOCIATI	ON OF A	AME]	RICA					
August 25, 2017 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type	Responses)											
TEACHERS INSURANCE & Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Mont			(Month/	Date of Earliest Transaction fonth/Day/Year) 5/25/2017				Director X10% Owner Officer (give title Other (specify below) below)				
Filed(Mo				lonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
	(State)	(Zip)						Person		-		
(City) 1.Title of Security (Instr. 3)	2. Transaction Date	unsaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)				ies Ac ed of (equired (A) (D) 5) Price	ired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	y Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	08/25/2017			S	44,000	D	\$ 22.3518 (1)	3 4,378,394	D			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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				
		10% Owner	Officer	Other	
TEACHERS INSURANCE & ANNUITY ASSOCIATION OF AMERICA					
730 THIRD AVENUE		Х			
NEW YORK, NY 10017					
Signatures					
Teachers Insurance and Annuity Association of America - by:/s/ Ji Min Shin, Director		08/25/2017			
<u>**</u> Signature of Reporting Person		Da	te		

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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.31 to \$22.375, inclusive. The reporting person undertakes to provide to InfraREIT, Inc., any security holder of InfraREIT, Inc., or the staff of

(1) to \$22.575, inclusive, the reporting person undertakes to provide to infracter, inc., any security notice or infracter, inc., of the start of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.

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.