See separate instructions.

Part I Reporting Issuer

| 1 Issuer's name | 2 Issuer's employer identification number (EIN) | | | | |
|---|---|---------------------------|---|--|--|
| HEALTHCARE TRUST, INC. | 38-3888962 | | | | |
| 3 Name of contact for additional information | 4 Telephon | e No. of contact | 5 Email address of contact | | |
| | | | | | |
| CURTIS PARKER | 212-415- | 6500 | CPARKER@AR-GLOBAL.COM | | |
| 6 Number and street (or P.O. box if mail is not | delivered to s | treet address) of contact | 7 City, town, or post office, state, and ZIP code of contact | | |
| | | | | | |
| 650 FIFTH AVENUE, 30TH FLOOR | NEW YORK, NY 10019 | | | | |
| 8 Date of action | 9 Class | ification and description | | | |
| | COMMO | N STOCK - HEALTHCARE | TRUST, INC. | | |
| 10/15/2021 | | | | | |
| 10CUSIP number11Serial number(serial number | s) | 12 Ticker symbol | 13 Account number(s) | | |
| | | | | | |
| 42226B105 | | | | | |
| Part II Organizational Action Attach additional statements if needed. See back of form for additional questions. | | | | | |
| 14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for | | | | | |
| the actio ► On October 15, 2 | 021 (the | "Distribution Date" |), shareholders of record at the | | |
| close of business on October 12, 2021 were paid 0.014655 shares of Healthcare Trust, Inc. | | | | | |
| ("HTI") common stock on each share of HTI's outstanding common stock (the "Distribution"). | | | | | |
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15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► The Distribution is not subject to U.S. federal income tax under section 305(a). As a result, shareholders must allocate the tax basis of their HTI common stock upon which the Distribution was received (the "Old HTI Stock") between such

Old HTI Stock and the shares received in the Distribution ("New HTI Stock"), based on their relative fair market values on the Distribution Date. See an illustration of this calculation on Line 16 below.

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► Example: Before the Distribution, a shareholder held 300 shares of HTI common stock (i.e., Old HTI Stock) with an adjusted basis of \$15.00 per share, resulting in a total adjusted basis of \$4,500. In the Distribution, the shareholder received 4.3965 additional shares of HTI common stock (i.e., New HTI Stock, based on a 0.014655 share Distribution per share x 300 shares held). The shareholder's aggregate basis in the Old HTI Stock is adjusted to \$4,435.01 (300 shares of Old HTI Stock /304.3965 shares of HTI common stock x \$4,500) and the shareholder's aggregate basis in the New HTI Stock becomes \$64.99 (4.3965 shares of New HTI Stock / 304.3965 shares of HTI common stock x \$4,500). Note that where lots of Old HTI Stock were acquired at different times or for different prices, the basis allocation should be done based on such lots.

| Form | 8937 | · (12-2017) | Page 2 |
|------------|-------|--|--|
| Par | rt II | Organizational Action (continued) | |
| 17 | | t the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax t | reatment is based ► Sections 305(a) |
| and | 30 |)7(a). | |
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| 18 | Can | n any resulting loss be recognized? > No loss may be recognized in | the Distribution. |
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| 19 | Prov | wide any other information necessary to implement the adjustment, such as the reportab | letax vear▶ The basis adjustments |
| | | l be taken into account in the tax year of the shareh | |
| | | bution occurred (i.e., 2021 for a calendar-year taxp | |
| <u>DT9</u> | | | |
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| | | Under penalties of perjury, I declare that I have examined this return, including accompanying sche | |
| | | belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all info | rmation of which preparer has any knowledge. |
| Sigr | | | |
| Here | e s | Signature And May Day Charles | _{Date} ▶ 11/05/2021 |
| | | | |
| | F | Print your name ► JASON DOYLE | Title► CFO |
| Dai | | Print/Type preparer's name Preparer's signature | Date Check if PTIN |
| Paie | | and a course ('els | 11/05/2021 self-employed P01776638 |
| Pre | | | Firm's EIN ► 86-1065772 |
| Use | e Or | | NTA, GA 3030 Phone no. 404-220-1500 |
| Send | For | m 8937 (including accompanying statements) to: Department of the Treasury, Internal Re | |
| Conu | 1 011 | an over unordering accompanying statements/to. Department of the neasury, internal N | 0101100 0011100, Ogudil, OT 07201-0007 |