See separate instructions.

Part Reporting I	ssuer				
1 Issuer's name				2 Issuer's employer identification number (EIN)	
HEALTHCARE TRUST,	INC.	38-3888962			
3 Name of contact for add	ditional information	4 Telephone 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,				NEW YORK, NY 10019	
8 Date of action	9 Class	ification and description	NEW TORK, NI TOOLS		
		DISTR	DISTRIBUTIONS TO PREFERRED A SHAREHOLDERS		
VARIOUS		<u> </u>			
10 CUSIP number	11 Serial number(5)	12 Ticker symbol	13 Account number(s)	
42226B204					
	onal Action Attac	h additional	statements if needed.	See back of form for additional questions.	
14 Describe the organizat	tional action and, if a	pplicable, the	date of the action or the d	ate against which shareholders' ownership is measured for	
the action ► HEALT	HCARE TRUST,	INC. ("	TAXPAYER") MADE	CASH DISTRIBUTIONS TO ITS PREFERRED A	
				EARNINGS AND PROFITS. SEE ATTACHED	
SCHEDULE FOR ADDI	TIONAL DETAI	L.			
				urity in the hands of a U.S. taxpayer as an adjustment per	
				DEND DISTRIBUTIONS ARE INCLUDED IN	
				RIBUTIONS SHOULD REDUCE THE TAX BASIS	
OF EACH PREFERRED	SHARE, BUT	NO.I. BETO	W ZERO.		

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates ► THE TAXPAYER'S EARNINGS AND PROFITS WERE CALCULATED UNDER IRC. SEC. 312 AND THE REGULATIONS THEREUNDER. AMOUNTS IN EXCESS OF EARNINGS AND PROFITS REDUCE THE SHAREHOLDER'S TAX BASIS IN ITS SHARES TO THE EXTENT OF THE BASIS.

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Part		Drganizational Action (continued)		-5
			n(s) and subsection(s) upon which the tax t	reatment is based	•
IRC S	SEC.	301(c)(2)			
18 C	an anv	resulting loss be recognized? ► NO			
	an any	<u></u>			
19 Pr	rovide	any other information necessary to imple	ment the adjustment, such as the reportab	le tax year ►	
THE R	REPOR	TABLE TAX YEAR IS 2022.			
			mined this return, including accompanying sche f preparer (other than officer) is based on all info		
. .	bellei	it is true, correct, and complete. Declaration o	r preparer (other than onicer) is based on all info	mation of which prepa	arer has any knowledge.
Sign		Interto			
Here	Signa	ure ► // at 11/ affablic		Date ►	
		/ *			
	Print	rour name►SCOTT LAPPETITO		Title► CFO	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer	EDDIE BOZEMAN	Elle Log	03/29/2023	self-employed P00742238
Use C	Dnly	Firm's name ► DELOITTE TAX L	//		Firm's EIN ► 86-1065772
		Firm's address ► 191 PEACHTREE ST	REET NE, STE 2000, ATLANTA,	GA 30303	Phone no. 404-220-1500

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

SUPPLEMENTAL INFORMATION FOR FORMS 1099

PREFERRED STOCK									
CUSIP Payment Date		Per Share Distribution	Nondividend Distribution						
42226B204	1/18/2022	\$	0.4609375	\$	0.4609375				
42226B204	4/18/2022	\$	0.4609375	\$	0.4609375				
42226B204	7/15/2022	\$	0.4609375	\$	0.4609375				
42226B204	10/17/2022	\$	0.4609375	\$	0.4609375				
		_	1.84375		1.84375				
		-	100%		100%				