► 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	Telephone No. of contact		5 Email address of contact			
CURTIS PARKER 2	12-415-6500		CPARKER@AR-GLOBAL.COM			
6 Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, or post office, state, and ZIP code of contact			
222 BELLEVUE AVENUE	NEWPORT, RI 02840					
8 Date of action						
	TRUST, INC.					
1/16/2024						
10 CUSIP number 11 Serial number(s)	12	Ticker symbol	13 Account number(s)			
42226B105						
Part II Organizational Action Attach	additional stat	tements if needed. See bac	k 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 action ▶On January 16, 2024(the "Distribution Date"), shareholders of record at the						
close of business on January 1	2, 2024 we	ere paid 0.015179 s	hares of Healthcare Trust, Inc.			
("HTI") common stock on each share of HTI's outstanding common stock (the "Distribution").						
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			

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 \$14.00 per share, resulting in a total adjusted basis of \$4,200. In the Distribution, the shareholder received 4.5537 additional shares of HTI common stock (i.e., New HTI Stock, based on a 0.015179 share Distribution per share x 300 shares held). The shareholder's aggregate basis in the Old HTI Stock is adjusted to \$4,137.20 (300 shares of Old HTI Stock /304.5537 shares of HTI common stock x \$4,200) and the shareholder's aggregate basis in the New HTI Stock becomes \$62.80 (4.5537 shares of New HTI Stock / 304.5537 shares of HTI common stock x \$4,200). 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.

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Part		Organizational Action (continued)				
17 Li	ist the	applicable Internal Revenue Code section(s) and subsection(s) upon whic	h the tax treat	tment is based ►	Sections	305(a)
and 3						
18 C	an any	resulting loss be recognized? > No loss may be recognized?	ed in th	e Distribu	tion.	
19 P	rovido	any other information necessary to implement the adjustment, such as th	o roportable t	ox yoor N Tho	bagig adiu	atmonta
		e taken into account in the tax year of the				
		cion occured (i.e, 2024 for a calendar-year			willen ene	
21001	- 200		ounpu _j ou	, •		
	Unde	r penalties of perjury, I declare that I have examined this return, including accompa	anving schedule	s and statements	and to the best of	my knowledge and
		, it is true, correct, and complete. Declaration of preparer (other than officer) is based				
Sign		1 st Magarte				
Here	Signa	ture ►	Da	_{ate▶} 1/31/	24	
	Print	your name ► SCOTT LAPPETITO	Tit	le► CFO		
Paid		Print/Type preparer's name Preparer's signature		Date	Check if PTI	
Prepa	arer	CARLA SOUSA	·	01/29/2024	self-employed PC	
Use C		Firm's name ► DELOITTE TAX LLP			Firm's EIN ► 86-	
	-	Firm's address ▶ 191 PEACHTREE STREET NE, STE 2000, AT	LANTA, GA	30303	Phone no. 404-2	220-1500

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