Ashford Hospitality Prime, Inc. Form 3 October 29, 2013 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Ashford TRS Corp				2. Date of Event RequiringStatement(Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol Ashford Hospitality Prime, Inc. [AHP]				
	(Last)	(First)	(Middle)	10/29/2013		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
14	185 DALI	LAS						· · · ·		
PA	RKWAY	, SUITE	1100		(Check all applicable)					
(Street) DALLAS, TX 75254			DirectorX10% Owner Officer Other (give title below) (specify below)		r	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Т	able I - N	on-Deriva	tive Securiti	ies Bei	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Owne	I. Nature of Indirect Beneficial Ownership Instr. 5)		
Common Stock			100			D <u>(1)</u>	Â			
Reminder: Report on a separate line for each class of owned directly or indirectly.					ss of securities beneficially SEC 14		SEC 1473 (7-02	2)		
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

January 31,

2005

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Expires:

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Estimated average burden hours per

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relations	hips				
	Director	10% Owner	Officer	Other			
Ashford TRS Corp 14185 DALLAS PARKWAY SUITE 1100 DALLAS, TX 75254	Â	ÂX	Â	Â			
ASHFORD HOSPITALITY LP 14185 DALLAS PARKWAY SUITE 1100 DALLAS, TX 75254	Â	ÂX	Â	Â			
ASHFORD HOSPITALITY TRUST INC 14185 DALLAS PARKWAY SUITE 1100 DALLAS, TX 75254	Â	ÂX	Â	Â			
Signatures							
/s/ DAVID KIMICHIK, PRESIDENT OF ASHFORD TRS CORPORATION							
<u>**</u> Signature	Date						
/s/ DAVID A. BROOKS, VICE PRESIDENT OF ASHFORD OP GENERAL PARTNER INC., THE GENERAL PARTNER OF ASHFORD HOSPITALITY LIMITED PARTNERSHIP					10/29/2013		
<u>**</u> Signature	Date						
/s/ DAVID A. BROOKS, COO OF ASHFO	10/29/2013						
**Signature of Reporting Person					Date		

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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 shares are directly owned by Ashford TRS Corporation, a wholly-owned subsidiary of Ashford Hospitality Limited Partnership ("Ashford Trust OP"), and Ashford Hospitality Trust, Inc. ("Ashford Trust") is (through its wholly-owned subsidiary) the general partner

(1) (Ashford Trust OF), and Ashford Trust (Plast, file. (Ashford Trust) is (through its whony-owned substitutary) the general parties of Ashford Trust OP. Ashford Trust OP and Ashford Trust join this Form 3 to reflect the indirect ownership of the shares of the Issuer as a result of the control of Ashford Trust OP and its general partner Ashford Trust over Ashford TRS Corporation.

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.