Clarkson David Form 3 December 27, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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SECURITIESFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement Extended Stay America, Inc. [STAY] A Clarkson David (Month/Day/Year) 12/18/2017 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O EXTENDED STAY (Check all applicable) AMERICA, INC., 11525 N. COMMUNITY HOUSE ROAD, 10% Owner Director **SUITE 100** _X__ Officer Other (give title below) (specify below) (Street) 6. Individual or Joint/Group See Remarks Filing(Check Applicable Line) _X_ Form filed by One Reporting Person CHARLOTTE, NCÂ 28277 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) (Instr. 5) Form: Direct (D) or Indirect (Instr. 5) Â Paired Shares (1) $20,752 \stackrel{(2)}{=}$ D Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

required to respond unless the form displays a

currently valid OMB control number.

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)

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(Instr. 4) Price of Derivative Derivative Security: Date **Expiration Title** Amount or Security Direct (D) Exercisable Number of or Indirect Shares (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Clarkson David

C/O EXTENDED STAY AMERICA, INC.

11525 N. COMMUNITY HOUSE ROAD, SUITE 100

CHARLOTTE, NCÂ 28277

Signatures

/s/ Christopher Dekle, Attorney-in-Fact for David
Clarkson 12/27/2017

**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).
- (1) Each Paired Share is comprised of one share of common stock, par value \$0.01 per share, of Extended Stay America, Inc. and one share of Class B common stock, par value \$0.01 per share, of ESH Hospitality, Inc., which shares are paired and traded as a single unit.
 - This amount includes 6,267 restricted stock units which are vested and will be settled in Paired Shares on March 15, 2018. Subject to the reporting person's continued employment with the issuer through the applicable vesting date, 886 of these restricted stock units are scheduled to vest on March 12, 2018; 532 of these restricted stock units are scheduled to vest on March 12, 2019; and 1,201 are
- scheduled to vest on Match 12, 2018, 332 of these restricted stock units are scheduled to vest on Match 12, 2019, and 1,201 are scheduled to vest in substantially equal installments on February 21, 2018, February 21, 2019 and February 21, 2020. Vested restricted stock units will be settled in Paired Shares on the March 15th next following the applicable vesting date (or, in any year when the 15th of March falls on a non-business day, the business day immediately prior to such date).



Remarks:

Mr. Clarkson is the interim Chief Financial Officer of Extended Stay America, Inc. and ESHÂ Hospi

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.

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