

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * | | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|---|-------------------|------------------------------------|---------|--|--|----------------------------|---|---------|------------------|------------|---|--|--|---|---|---|-------------------------|
| Hai Hillary P | | | | | | ESSENTIAL PROPERTIES REALTY TRUST, INC. [EPRT] | | | | | | | | Director | Director 10% Owner | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | | X Officer (give title below) Other (specify below) Senior VP and CFO | | | | |
| 47 HULFISH STREET, SUITE 210 | | | | | | 6/25/2018 | | | | | | | | | | | | |
| (Street) | | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | | r) 6. Individual | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| PRINCETON, NJ 08542 (City) (State) (Zip) | | | | | | 6/27/2018 | | | | | | | | _ X _ Form filed by | _ X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person | | | |
| | | | Table | | | | | | • | | | _ | | eneficially Own | | | | |
| 1.Title of Security (Instr. 3) 2. Trans. D | | | | Date | | | 3. Trans. Co (Instr. 8) | de 4. Securities Acquiror Disposed of (D) (Instr. 3, 4 and 5) | | (D) | ed (A) | 5. Amount of Securit Following Reported (Instr. 3 and 4) | ities Beneficially Owned Transaction(s) | | Ownership of Form: | Beneficial | | |
| | | | | | | | | Code | V | Amou | |) or D) | Price | , | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | | | 6/25/20 |)18 | | | P | | 5000 | <u>(1)</u> | 4 | \$14 | | 45323 | | D | |
| | | | | | | | | ` | | | | | | s, options, conve | | | 1 | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Dee Execution Date, if a | on (In | Frans. str. 8) | ans. Code 5. Numb Derivativ Acquired Disposed (Instr. 3, | | e Securities (A) or of (D) | | | | 1 | Securiti Derivat | and Amount of ies Underlying ive Security 3 and 4) | | derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | Beneficial |
| | Security | | | Code | v | (A) | (D) | Date Exerc | cisable | Expirati Date | on , | | Amount or Number of Shares | | Transaction(s) | Direct (D) or Indirect (I) (Instr. 4) | | |

Explanation of Responses:

(1) This transaction was inadvertently omitted from the reporting person's Form 4 filed June 27, 2018.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--------------------------------|---------------|-----------------|---------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Hai Hillary P | | | | | | | | | |
| 47 HULFISH STREET, SUITE 210 | | Senior VP and C | | | | | | | |
| PRINCETON, NJ 08542 | | | | | | | | | |

Signatures

/s/ Hillary P. Hai 7/12/2018

**Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.