



**HEALTHCARE TRUST OF AMERICA, INC.
(formerly Grubb & Ellis Healthcare REIT, Inc.)**

**SUPPLEMENT NO. 10 DATED AUGUST 24, 2009
TO THE PROSPECTUS DATED DECEMBER 3, 2008**

This document supplements, and should be read in conjunction with, our prospectus dated December 3, 2008, as supplemented by Supplement No. 4 dated April 21, 2009, Supplement No. 5 dated May 27, 2009, Supplement No. 6 dated July 10, 2009, Supplement No. 7 dated July 17, 2009, Supplement No. 8 dated August 5, 2009, and Supplement No. 9 dated August 19, 2009, relating to our offering of 221,052,632 shares of our common stock. The purpose of this Supplement No. 10 is to disclose:

- the status of our initial public offering;
- the change of our company's name;
- the transition of our dealer manager to Realty Capital Securities, LLC; and
- an amended subscription agreement

Status of our Initial Public Offering

As of August 14, 2009, we had received and accepted subscriptions in our initial public offering for 119,844,426 shares of our common stock, or approximately \$1,195,481,773, excluding shares issued under our distribution reinvestment plan. As of August 14, 2009, approximately 80,155,574 shares remained available for sale to the public under our initial public offering, excluding shares available under our distribution reinvestment plan. This offering will expire upon the earlier of September 20, 2009, or the date on which the maximum offering has been sold, unless extended pursuant to SEC Rule 415 under the Securities Act of 1933, as amended, for up to an additional 180 days.

Change of our Company's Name

On August 24, 2009, we changed the name of our company from "Grubb & Ellis Healthcare REIT, Inc." to "Healthcare Trust of America, Inc."

The change of our name is in connection with our transition to self-management. As previously disclosed, we now consider our company to be self-managed. Our advisory agreement with Grubb & Ellis Healthcare REIT Advisor, LLC, our current advisor, and Grubb & Ellis Realty Investors, LLC expires on September 20, 2009 and will not be renewed.

Transition of our Dealer Manager

As previously disclosed, Grubb & Ellis Securities, Inc. will cease serving as dealer manager for this offering as of the end of the day on August 28, 2009. Effective August 29, 2009, Realty Capital Securities, LLC will begin serving as the dealer manager for this offering. Our dealer manager agreement with Realty Capital Securities is substantially the same as the dealer manager agreement with Grubb & Ellis Securities.

Amended Subscription Agreement

In connection with our transition to Realty Capital Securities as our dealer manager, we will begin using the Subscription Agreement attached to this Supplement No. 10 as Exhibit A.



SUBSCRIPTION AGREEMENT INSTRUCTIONS TO INVESTORS

FOR INITIAL OFFERING

Any persons desiring to subscribe for shares of common stock (the "shares") in Healthcare Trust of America, Inc. (the "Company") should carefully read and review the Prospectus, as supplemented to date, and if he/she/they desire(s) to subscribe for shares, complete the Subscription Agreement/Signature Page that follows these instructions. Follow the appropriate instructions listed below for the indicated section. Please print in ballpoint pen or type the information.

AN INVESTMENT IN HEALTHCARE TRUST OF AMERICA, INC. CANNOT BE COMPLETED UNTIL AT LEAST FIVE (5) BUSINESS DAYS AFTER THE DATE THE INVESTOR RECEIVED THE PROSPECTUS.

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| <p>(5) DISTRIBUTION OPTIONS</p> | <p>Check the appropriate box to have the distributions mailed to the address of record, the address that is located in Section 4. Check the box to participate in the Distribution Reinvestment Plan. If you are reinvesting, you are reinvesting your entire cash distribution. If the investor(s) prefer(s) direct deposit of cash distributions to an account or address other than as set forth in the Subscription Agreement, check the preferred option and complete the required information. For Automated Clearing House (ACH), indicate whether it is a checking or savings account, and enter the name of the institution/individual, mailing address, ABA number and account number. A voided check must be enclosed if it is a checking account. If it is a savings account, please obtain written verification of the routing and account numbers from the bank.</p> <p><u>AUTOMATED CLEARING HOUSE (ACH)</u>: I (we) hereby authorize Healthcare Trust of America, Inc. (the "Company") to deposit distributions from my (our) common stock of the Company into the account listed in Section 5 of the Subscription Agreement/Signature Page. I (we) further authorize the Company to debit my (our) account noted in Section 5 of the Subscription Agreement/Signature Page in the event that the Company erroneously deposits additional funds into my (our) account to which I am (we are) not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I (we) withdraw funds erroneously deposited into my (our) account before the Company reverses such deposit, I (we) agree that the Company has the right to retain any future distributions to which I am (we are) entitled until the erroneously deposited amount is recovered by the Company.</p> |
| <p>(6) SIGNATURES</p> | <p>The Subscription Agreement/Signature Page must be signed/initialed and dated by the investor(s); and if applicable, the trustee or custodian.</p> |
| <p>(7) BROKER-DEALER OR REGISTERED INVESTMENT ADVISOR (RIA)</p> | <p>This Section is to be completed and executed by the Registered Representative or Registered Investment Advisor (RIA). If there are more than one Registered Representative or RIA, all Registered Representatives and RIAs must complete and execute Section 7. Please complete all BROKER-DEALER information contained in Section 7 including suitability certification (state of sale).</p> <p>The Subscription Agreement/Signature Page, which has been delivered with the Prospectus, together with a check for the full purchase price should be delivered or mailed to your BROKER-DEALER. Only original, completed copies of the Subscription Agreement/Signature Page can be accepted. A photocopied or otherwise duplicated Subscription Agreement/Signature Page cannot be accepted by the Company.</p> <p>Check the box to indicate whether this subscription was solicited or recommended by a RIA or broker-dealer whose agreement with the investor includes a fixed or "wrap" fee feature for advisory and related brokerage services, and, accordingly, may not charge the regular selling commission. No sales commissions are paid on these accounts. This box must be checked in order for such investor(s) to purchase shares net of the selling commissions.</p> |

NOTICE TO STOCKHOLDERS

The shares of the common stock of Healthcare Trust of America, Inc. (the "Company") are subject to restrictions on transfer. In addition, the Company has the authority to issue shares of stock of more than one class. Upon the request of any stockholder, and without charge, the Company will furnish a full statement of the information required by Section 2-211 of the Maryland General Corporation Law with respect to (1) certain restrictions on ownership and transferability of the Company's common stock and (2) the designations and any preferences, conversion and other rights, voting powers, restrictions, limitations as to dividends and other distributions, qualifications, and terms and conditions of redemption of the shares of each class of stock which the Company has authority to issue, the differences in the relative rights and preferences between the shares of each series to the extent set, and the authority of the Board of Directors to set such rights and preferences of subsequent series. Such requests must be made to the Secretary of the Company at its principal office.

ACCEPTABLE FORMS OF PAYMENT

1. Wire transfers
2. Pre-printed personal checks
3. Cashier's checks over \$10,000
4. Business checks when applied to company/corporate account
5. Trust checks for trust accounts
6. Custodial checks for IRA accounts
7. Checks endorsed from other investment programs will be accepted if they meet the minimum investment requirement.

WE CANNOT ACCEPT: Money orders, cashier's checks for \$10,000 or less, temporary (not pre-printed) checks or third party checks. If you need to verify whether a form of payment is acceptable, please call our Investor Services Department at 888-801-0107.

PLEASE NOTE: Because of our anti-money laundering policies, if the investor's name used in this Subscription Agreement/Signature Page does not match the Payor printed on the check, we may request documents or other evidence as we may reasonably require in order to correlate the investor's name to the Payor on the check.

- Mail to Street Address (4b)**
- Distribution Reinvestment Plan**
Investor elects to participate in the Distribution Reinvestment Plan described in the Prospectus and reinvest the entire cash distribution
- Distributions Directed to:**
- Mail to Alternate Address (4c)**
- Via Electronic Deposit (ACH)**
Complete information below. See ACH Language in Section 5 of the instructions.
 - Checking** (must enclose voided check)
 - Savings** (verification from bank must be provided)

(5) DISTRIBUTION OPTIONS

NAME OF BANK, BROKERAGE FIRM OR INDIVIDUAL

DISTRIBUTION MAILING ADDRESS

CITY STATE ZIP CODE

BANK ABA# (FOR ACH ONLY) ACCOUNT#

MUST ENCLOSE A VOIDED CHECK IF IT IS A CHECKING ACCOUNT

(6) SIGNATURES

Under penalty of perjury, by signing this Signature Page, I am (we are) hereby certify (a) I (we) have provided herein my (our) correct Taxpayer Identification Number; (b) I am (we are) not subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I (we) am no longer subject to backup withholding; and (c) I am (we are) a U.S. Citizen unless I (we) have indicated otherwise in Section 4. Each investor must separately sign and initial each representation made in the subscription agreement. Except in the case of fiduciary accounts, the investor may not grant any person a power of attorney to make such representation on his or her behalf.

- (A) All investors except those that are residents of the state of Minnesota acknowledge receipt, not less than five (5) business days prior to the signing of this subscription agreement, of the prospectus of the company relating to the shares, wherein the terms and conditions of the offering of the shares are described, including among other things, the restrictions on ownership and transfer of shares, which require, under certain circumstances that a holder of shares shall give written notice and provide certain information to the company.
- (B) I (we) represent that I (we) either: (i) have a net worth (excluding home, home furnishings and automobiles) of at least \$150,000 or (ii) a net worth (as described above) of at least \$45,000 and having the last tax year or estimate that I (we) will have during the current tax year a minimum of \$45,000 annual gross income, or that I (we) meet the higher suitability requirements imposed by the state of primary residence as set forth in the Prospectus under "Suitability Standards."
- (C) I (we) understand that I (we) will not be admitted as a stockholder until my (our) investment has been accepted. Depositing of my (our) check alone does not constitute acceptance. The acceptance process includes, but is not limited to, reviewing a subscription agreement for completeness and signatures, conducting an Anti-Money Laundering check as required by the USA Patriot Act and depositing of funds.
- (D) I (we) acknowledge that the shares are not liquid, there is no current market for the shares and the stockholder(s) may not be able to sell the securities.
- (E) I (we) represent that I am (we are) purchasing the shares for my (our) own account; or, if I am (we are) purchasing shares on behalf of a trust or other entity of which I am (we are) trustee(s) or authorized agent(s), then I (we) represent that I (we) have due authority to execute the Subscription Agreement/Signature Page and do hereby legally bind the trust or other entity of which I am (we are) trustee(s) or authorized agent(s). The trustee(s) or authorized agent(s) agree to indemnify Healthcare Trust of America, Inc. and its affiliates, and to hold them harmless from and against all liabilities as a result of claims, demands or judgments against them arising from any transactions in reliance on this Subscription Agreement/Signature Page.
- (F) I (we) represent that I am (we are) not a person(s) with whom dealing by U.S. Persons is (are) prohibited under any Executive Order or federal regulation administered by the U.S. Treasury Department's Office of Foreign Asset Control.
- (G) I (we) acknowledge that if the investor name or registration used in this Subscription Agreement/ Signature Page does not correspond exactly to the Payor printed on the check, I (we) may request documents or other evidence as I (we) may reasonably require to correlate the Registration to the Payor on the check.

BY SIGNING THIS AGREEMENT, YOU ARE NOT WAIVING ANY RIGHTS UNDER THE FEDERAL OR STATE SECURITIES LAWS.

SIGNATURE OF INVESTOR

DATE

SIGNATURE OF JOINT INVESTOR (IF APPLICABLE)

AUTHORIZED SIGNATURE (Custodian or Trustee)

MUST BE SIGNED AND SIGNATURE GUARANTEED BY CUSTODIAN(S) IF IRA, KEOGH OR QUALIFIED PLAN (HEALTHCARE TRUST OF AMERICA, INC. AND ITS AFFILIATES DO NOT ACT AS IRA CUSTODIANS)

TO BE COMPLETED BY REGISTERED REPRESENTATIVE OR RIA

The Registered Representative or RIA must sign below to complete the subscription. The Registered Representative or RIA warrants that he/she has reasonable grounds to believe this investment is suitable for the subscriber as set forth in the section of the Prospectus entitled "SUITABILITY STANDARDS" and that he/she has informed the subscriber of all aspects of liquidity and marketability of this investment.

BROKER-DEALER OR RIA FIRM NAME (REQUIRED)

BROKER-DEALER OR RIA FIRM ADDRESS OR P.O. BOX

CITY STATE ZIP CODE

BUSINESS PHONE # (REQUIRED) FAX PHONE#

REGISTERED REPRESENTATIVE(S) OR ADVISOR(S) NAME(S) (REQUIRED) REPRESENTATIVE#

REGISTERED REPRESENTATIVE OR ADVISOR ADDRESS OR P.O. BOX

CITY STATE ZIP CODE

BUSINESS PHONE# (REQUIRED) FAX#

E-MAIL ADDRESS

(7) BROKER-DEALER OR REGISTERED INVESTMENT ADVISOR (RIA)

REGISTERED INVESTMENT ADVISOR (RIA) NO SALES COMMISSIONS ARE PAID ON THESE ACCOUNTS.

Check only if investment is made through the RIA in its capacity as an RIA and not in its capacity as a Registered Representative, if applicable, whose agreement with the investor includes a fixed or "wrap" fee feature for advisory and related brokerage services. If an owner or principal or any member of the RIA firm is a FINRA licensed Registered Representative affiliated with a broker-dealer, the transaction should be conducted through that broker-dealer, not through the RIA.

I hereby certify that I hold a Series 7 or Series 62 FINRA license and I am registered in the following state in which this sale was completed.

STATE (REQUIRED)

SIGNATURE(S) OF REGISTERED REPRESENTATIVE(S) OR ADVISOR(S) (REQUIRED)

DATE

SIGNATURE OF BROKER-DEALER OR RIA (IF REQUIRED BY BROKER-DEALER)

DATE



WIRING INSTRUCTIONS

Effective: August 29, 2009

Thank you for choosing to invest in Healthcare Trust of America, Inc. For your convenience, listed below are the instructions for wiring funds for an investment held in Healthcare Trust of America, Inc.

Prior to wiring funds, please notify:

Our Money Desk via e-mail at HTAWireDesk@dstsystems.com
that funds will be sent via wire.

Please include the following information:

- Anticipated date of wire
- Amount of wire
- Investor's name
- Registered Representative's name, phone number, and broker/dealer name
- Name of the institution sending the wire

Please note our office must be in receipt of the subscription agreement prior to receiving the funds. If we receive the funds without a subscription agreement, we will be obligated to return the funds if we do not receive the subscription agreement within 24 hours.

Please follow the wiring instructions exactly as written without omitting any portion:

Wire Instructions for Healthcare Trust of America, Inc.

Bank: UMB Bank, N.A.
Address: 1010 Grand Ave., Kansas City, MO 64106
ABA#: 1010-0069-5
DDA#: 987-187-9747
Account Name: DST as Agent for Healthcare Trust of America, Inc.

If you have any questions, please do not hesitate to contact our Investor Services Department at 888-801-0107.

We look forward to serving your investment needs.



DIRECT DEPOSIT AUTHORIZATION

THIS SERVICE IS PROVIDED AT NO CHARGE

RETURN WITH A VOIDED CHECK (REQUIRED)

Mail To: Healthcare Trust of America, Inc.
 c/o DST Systems, Inc.
 PO Box 219108
 Kansas City, MO 64121-9108

NAME OF REGISTERED OWNER

[Grid for Name of Registered Owner]

REGISTERED OWNER'S SSN

[Grid for Registered Owner's SSN]

OR

REGISTERED OWNER'S TAX ID#

[Grid for Registered Owner's Tax ID#]

CHECK ONE

New Authorization Change of Information

BANK NAME

[Grid for Bank Name]

ACCOUNT NAME (IF DIFFERENT FROM REGISTERED OWNER)

[Grid for Account Name]

ACCOUNT NUMBER

[Grid for Account Number]

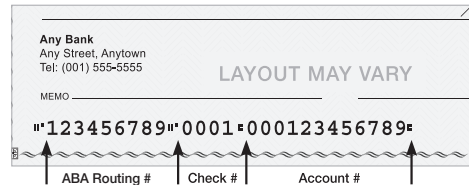
Attach voided check here

CHECK ONE

Checking Account Savings Account

ABA ROUTING NUMBER (REQUIRED)

[Grid for ABA Routing Number]



BANK MAILING ADDRESS

[Grid for Bank Mailing Address]

CITY

[Grid for City]

STATE

[Grid for State]

ZIP CODE

[Grid for ZIP Code]

BANK TELEPHONE NUMBER

[Grid for Bank Telephone Number]

PLEASE NOTE: Healthcare Trust of America, Inc. must be in receipt of this form 30 days prior to the distribution payment date . This authorization will supercede any previous distribution instructions.

Healthcare Trust of America, Inc. is authorized to deposit my (our) distribution directly into the account specified on this form. The authority will remain in force until I (we) have given written notice that I (we) have terminated it, or until Healthcare Trust of America, Inc. has notified me (us) that this deposit service has been terminated. In the event that Healthcare Trust of America, Inc. deposits funds erroneously into my (our) account, they are authorized to debit my (our) account for an amount not to exceed the amount of the erroneous deposit.

[Signature Line]

SIGNATURE

[Date Line]

DATE

[Signature Line]

JOINT INVESTOR SIGNATURE

[Date Line]

DATE

E-MAIL ADDRESS (required to receive notification of direct deposit)

[Grid for E-Mail Address]

NOTE: Direct Deposit is not available for investments made through IRAs or qualified accounts.