

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2012-04-30** | Period of Report: **2012-04-30**  
SEC Accession No. [0001181431-12-026229](#)

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### REPORTING OWNER

#### **Adler Hank**

CIK: **1302557**

Type: **3** | Act: **34** | File No.: **000-54687** | Film No.: **12794093**

Mailing Address  
6 HUTTON CENTRE DRIVE  
SUITE 400  
SANTA ANA CA 92707

### ISSUER

#### **KBS Real Estate Investment Trust III, Inc.**

CIK: **1482430** | IRS No.: **271627696** | State of Incorporation: **MD** | Fiscal Year End: **1231**  
SIC: **6798** Real estate investment trusts

| Mailing Address   | Business Address  |
|---|---|
| 620 NEWPORT CENTER<br>DRIVE<br>SUITE 1300<br>NEWPORT BEACH CA 92660 | 620 NEWPORT CENTER<br>DRIVE<br>SUITE 1300<br>NEWPORT BEACH CA 92660<br>949-417-6500 |

# FORM 3

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

| OMB APPROVAL                                   |            |
|--|------------|
| OMB Number:                                    | 3235-0104  |
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### 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

|  |   |   |
|--|---|---|
| <b>1. Name and Address of Reporting Person</b><br><u>Adler Hank</u><br>(Last) (First) (Middle)<br>620 NEWPORT CENTER DRIVE, SUITE<br>1300<br>(Street)<br>NEWPORT BEACH, CA 92660<br>(City) (State) (Zip) | <b>2. Date of Event Requiring<br/>Statement (Month/Day/<br/>Year)</b><br>04/30/2012 | <b>3. Issuer Name and Ticker or Trading Symbol</b><br><u>KBS Real Estate Investment Trust III, Inc. [NONE]</u><br><b>4. Relationship of Reporting Person(s) to Issuer<br/>(Check all applicable)</b><br><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) |
|  |   | <b>5. If Amendment, Date Original Filed<br/>(Month/Day/Year)</b><br><br><b>6. Individual or Joint/Group Filing<br/>(Check applicable line)</b><br><input checked="" type="checkbox"/> Form Filed by One Reporting<br>Person<br><input type="checkbox"/> Form Filed by More than One<br>Reporting Person   |

**Table I - Non-Derivative Securities Beneficially 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) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|

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

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

**Remarks:**

No securities are beneficially owned.

**Signatures**

David E. Snyder, Attorney-in-Fact

\*\* Signature of Reporting Person

04/30/2012

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 Number.**

