#### Edgar Filing: Hale Leslie D. - Form 4

Hale Leslie I	D.											
Form 4	0											
May 17, 201	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									APPROVAL			
	UNITE	DOIAIL		shington,					OMB Number:	3235-0287		
Check th			• • <b>•</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>D.C. 2</b> 0	012			Expires:	January 31,		
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSH				NERSHIP OF	Estimated average burden hours per			
	subject to STATEMENT OF CHARGE				SECURITIES							
Form 4 o									response C			
Form 5 obligation		•					-	e Act of 1934,				
may cont				•	•	· ·		f 1935 or Section	n			
See Instru	uction	30(n)	of the In	vestment	Compan	iy Ac	t of 194	FO				
1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer N					Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
Hale Leslie	D.		Symbol					Issuer				
			RLJ Lo	dging Tru	ist [RLJ]			(Chec	k all applicable	)		
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(		,		
				nth/Day/Year)			Director 10% Owner X Officer (give title Other (specify					
C/O RLJ LODGING TRUST, 3 05/15/2 BETHESDA METRO CENTER,				2018			below) below)					
SUITE 100		INTER,						CO	OO and CFO			
Selle 1000			4 TE A	u davaart Da		1			ind/Comm Filin	-(())		
			endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)						
Filed(Moli								_X_ Form filed by One Reporting Person				
BETHESDA	A, MD 20814							Form filed by M Person	fore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I		3.	4. Securi			5. Amount of	6. Ownership				
Security (Instr. 3)	(Month/Day/Ye	n/Day/Year) Execution Date, if any			on(A) or D (Instr. 3.	-		Securities Beneficially	Form: Direct Indire (D) or Benef	Beneficial		
(Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)				Owned		Ownership			
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	05/15/2018			F	1,526	D	\$	397,101	D			
Shares					(1)		21.99					

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

### **Reporting Owners**

#### Edgar Filing: Hale Leslie D. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

ł Ś

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Hale Leslie D. C/O RLJ LODGING TRUST 3 BETHESDA METRO CENTER, SUITE 1 BETHESDA, MD 20814	000		COO and CFO				
Signatures							
/s/ Anita Cooke Wells, Attorney-in-Fact	05/17/2018						
**Signature of Reporting Person	Date						

## **Explanation of Responses:**

- \* 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).
- Reflects common shares surrendered to the Issuer to satisfy tax withholding obligations in connection with the vesting of restricted (1) common shares.

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.