Adams D Rick Form 4 February 18, 2010

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

3235-0287 Number: January 31,

2005

0.5

Estimated average burden hours per

Expires:

response...

10% Owner Other (specify

Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue.

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 See Instruction

(Print or Type Responses)

1(b).

(Last)

(City)

1. Name and Address of Reporting Person \* Adams D Rick

(First)

(State)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

Chesapeake Lodging Trust [CHSP]

3. Date of Earliest Transaction

(Month/Day/Year) 02/16/2010

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

C/O CHESAPEAKE LODGING TRUST, 710 ROUTE 46 EAST, **SUITE 206** 

> (Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

SVP and CIO 6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X\_ Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

FAIRFIELD, NJ 07004

	(City)	(State) (Z	Table	I - Non-De	rivative S	ecurit	ies Acq	puired, Disposed o	f, or Beneficial	ly Owned
	1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of
	Security	(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) or			r	Securities	Form: Direct	Indirect
	(Instr. 3)		any	Code	Disposed of (D)		Beneficially	(D) or	Beneficial	
			(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Shaber	Common Shares of beneficial	02/16/2010		A	2,500			D		
	interest									

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Edgar Filing: Adams D Rick - Form 4

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative Securities				Securit	ies	(Instr. 5)	Bene
	Derivative							(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
					(A) (D)	Exercisable	Date	of	Number		
				C + V							
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Adams D Rick C/O CHESAPEAKE LODGING TRUST 710 ROUTE 46 EAST, SUITE 206 FAIRFIELD, NJ 07004

SVP and CIO

## **Signatures**

/s/ Douglas W. Vicari, Attorney-in-fact

02/18/2010

\*\*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).

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.

Reporting Owners 2