## Edgar Filing: Nuechterlein Jeffrey D - Form 4

Nuechterlein	Jeffrey D											
Form 4												
October 15, 2	2010											
FORM			CECUD			<b></b>				PPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check this box									Expires:	January 31,		
if no long subject to		FEMENT O	F CHAN	GES IN I	BENEFI	[CIA]	L OWN	NERSHIP OF	Estimated a	2005 Waraga		
Section 16.				SECURITIES					burden hou			
Form 4 or									response 0.			
Form 5 obligatior	10	<b>^</b>					•	e Act of 1934,				
may conti				•	•	· ·		1935 or Section	1			
See Instru		30(h)	of the Inv	vestment	Compan	y Act	t of 194	0				
1(b).												
(Print or Type R	Perponses)											
(I fint of Type K	(esponses)											
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer				Name and Ticker or Trading			5. Relationship of Reporting Person(s) to					
Marcalde also I offered D			Symbol	2. Issuer Name <b>and</b> Ticker or Trading				Issuer				
			•	Chesapeake Lodging Trust [CHSP]								
			•	C	C		101 ]	(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tra	ansaction			_X_ Director	100/	Owner		
C/O CHESA	PFAKEIO	DGING	(Month/Da 10/13/20	-				X_ Director 10% Owner Officer (give title Other (specify				
C/O CHESAPEAKE LODGING 10/13/20 TRUST, 1997 ANNAPOLIS			10/13/20	510				below) below)				
	E PKWY, SU											
	(Street)		1 If Amor	If Amondment Data Original				6 Individual or Joint/Group Filing(Check				
· · · · · · · · · · · · · · · · · · ·				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(mon					_X_ Form filed by One Reporting Person				
ANNAPOL	IS, MD 2140	1						Form filed by M	ore than One Re	porting		
								Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	n Date 2A. Dee	emed	3.	4. Securi			5. Amount of	6.	7. Nature of		
Security	(Month/Day/	Year) Executi	Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect			
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 3, 4 and 5) y/Year) (Instr. 8)				Beneficially Owned	Form: Direct (D) or	Beneficial Ownership		
		(Ivionui	(Day/Teal)	(11150.0)				Following	Indirect (I)	(Instr. 4)		
						(1)		Reported	(Instr. 4)	(,		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common												
Shares of	10/13/2010			Р	2,000	А	\$	3,000	D			
Beneficial	10/15/2010			-	2,000	11	16.25	2,000	5			
Interest												

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	Relationships					
		Director	10% Owner	Officer	Other	
Nuechterlein Jeffrey D C/O CHESAPEAKE LODGING TRUST 1997 ANNAPOLIS EXCHANGE PKWY ANNAPOLIS, MD 21401		X				
Signatures						
/s/ Douglas W. Vicari, Attorney-in-Fact	10/15/2010					
<pre>**Signature of Reporting Person</pre>	Date					
Evalenction of Deenen						

## **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.