Chesapeake Lodging Trust Form 4

January 04, 2017

## FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading VICARI DOUGLAS W Issuer Symbol Chesapeake Lodging Trust [CHSP] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) \_X\_ Director X\_ Officer (give title C/O CHESAPEAKE LODGING 12/31/2016 below) TRUST, 1997 ANNAPOLIS EVP & CFO **EXCHANGE PARKWAY, STE 410** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

**OMB APPROVAL** 

10% Owner

Other (specify

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

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Estimated average

burden hours per

ANNAPOLIS, MD 21401

(City)	(State) (Z	ip) Table	I - Non-De	rivative Se	curitie	es Acquir	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transacti Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Shares of Beneficial Interest (1)	12/31/2016		A	45,379	A	\$ 0	383,470	D	
Common Shares of Beneficial Interest (2)	12/31/2016		F	23,397	D	\$ 25.86	360,073	D	
Common Shares of Beneficial	01/03/2017		A	22,910	A	\$0	382,983	D	

#### Edgar Filing: Chesapeake Lodging Trust - Form 4

Interest

Series A
Cumulative

Redeemable 7,000 D

Preferred Shares

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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9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

# 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. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address	Keiationships					
	Director	10% Owner	Officer	Other		
VICARI DOUGLAS W C/O CHESAPEAKE LODGING TRUST 1997 ANNAPOLIS EXCHANGE PARKWAY, STE 410 ANNAPOLIS, MD 21401	X		EVP & CFO			

### **Signatures**

/s/ Graham J. Wootten, Attorney-in-Fact

\*\*Signature of Reporting Person Date

Reporting Owners 2

# **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).
- (1) Represents shares issued upon vesting of performance-based equity awards relating to the performance period ended December 31, 2016.
- (2) Represents shares surrendered to the issuer to satisfy withholding taxes owed upon the vesting of performance-based equity awards.

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.