**Chatham Lodging Trust** Form 4 January 15, 2014

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

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response...

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

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)

See Instruction

1. Name and Address of Reporting Person * FISHER JEFFREY H			Issuer Name and Ticker or Trading     Symbol     Chatham Lodging Trust [CLDT]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(M			3. Date of Earliest Transaction (Month/Day/Year) 01/15/2014					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Chairman, President and CEO			
PALM BEA	(Street) ACH, FL 33480			endment, Da nth/Day/Year	_			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person		rson	
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Day/Yea	r) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securit n(A) or Dis (Instr. 3, 4	sposed	of (D) Frice	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)	
Common Shares (1)	01/15/2014			A	18,081	A	\$ 20.17	624,653	D		
Common Shares								100	I	by Jeffrey H. Fisher Marital Trust	

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

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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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title a		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D		Amount		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	_	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIISti
					4, and 5)						
					4, and 3)						
								A	mount		
						D.	E	01	r		
							Expiration	Title N			
							Date	01			
				Code V	(A) (D)				hares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FISHER JEFFREY H			Chairman,				
50 COCOANUT ROW, SUITE 216	X		President and				
PALM BEACH, FL 33480			CEO				

### **Signatures**

Dennis M. Craven, as Attorney 01/15/2014 in Fact

\*\*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).

Represents the vesting of 10,229 common shares issued to the reporting person on January 15, 2014 pursuant to a performance-based equity incentive award granted on February 23, 2012 and 7,852 common shares issued to the reporting person on January 15, 2014 pursuant to a performance-based equity incentive award granted on January 29, 2013. The vesting of a portion of the awards is based on the issuer's attainment of performance criteria with respect to calendar year 2013 established on the grant dates.

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.

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