Physicians Realty Trust Form 4 March 05, 2014

FORM 4

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

Check this box if no longer subject to **SECURITIES** Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 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 * Thomas John T

2. Issuer Name and Ticker or Trading Symbol

Physicians Realty Trust [DOC]

3. Date of Earliest Transaction (Month/Day/Year)

735 N. WATER STREET, SUITE 1000

(Street)

(State)

(First)

(Middle)

(Zip)

03/03/2014

4. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable) _X__ Director 10% Owner X_ Officer (give title Other (specify

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

below) below) President and CEO 6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person

MILWAUKEE, WI 53202

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

Amount

(A)

(D)

5. Amount of Securities Beneficially Owned Following Reported

Issuer

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Transaction(s) (Instr. 3 and 4)

Common

value

shares. 03/03/2014 \$0.01 par

37,120 Α (1)

Code V

\$0 133,856

Price

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

D

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: Physicians Realty Trust - Form 4

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. Transactic Code (Instr. 8)	5. Number of ionDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secur (Instr. 3 and 4)	
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	An or Nu of
Performance-based restricted stock units	<u>(2)</u>	03/03/2014	A	37,120 (3)		(3)	(3)	Common shares	37

Reporting Owners

Reporting Owner Name / Address	Relationships						
.r. g	Director	10% Owner	Officer	Other			
Thomas John T 735 N. WATER STREET SUITE 1000 MILWAUKEE, WI 53202	X		President and CEO				

Signatures

/s/ Aaron Rice, as attorney-in-fact 03/05/2014

**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).
- (1) Represents restricted common shares granted under the Issuer's 2013 Equity Incentive Plan (the "Plan"), which will vest on March 3, 2015, subject to the terms of the grant.
- (2) Each performance-based restricted stock unit represents a contingent right to receive one share of the Issuer's common shares.
- (3) Represents performance-based restricted stock units at target level granted under the Plan, which will vest, if at all, based on achievement of performance criteria over a performance period, subject to the terms of the grant.

Remarks:

Exhibit Index:

Exhibit 24 - Power of Attorney

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