Edgar Filing	: WASHINGTON RE	AL ESTATE INVESTMENT	TRUST - Form 4
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WASHING Form 4 December 17	FON REAL ES	STATE INV	/ESTMEI	NT TRUS	Т					
FORM									OMB AF	PROVAL
	UNIT	CD STATES		RITIES A			NGE C	COMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16.				ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES			Expires: Estimated a burden hou	•		
Form 4 or Form 5 obligations may continue. See Instruction 1(b).										
(Print or Type I	Responses)									
1. Name and A Morey Tho	address of Report nas C	ing Person <u>*</u>	Symbol WASHI	: Name <b>and</b> NGTON ГМЕNT Т	REAL E	ESTA	TE	5. Relationship of Issuer (Check	Reporting Pers k all applicable	
(Last) 6110 EXEC SUITE 800	(First)	(Middle) LEVARD,	3. Date of (Month/D 12/15/20	-	ansaction			Director X Officer (give below) S.V.P. &		Owner er (specify ssel
	(Street)			ndment, Dat hth/Day/Year)	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by C	One Reporting Pe	rson
ROCKVILI	LE, MD 20852							Form filed by M Person	lore than One Re	porung
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d 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)	
Common Stock	12/15/2014			F	1,147	D	\$ 26.73	36,317	D	

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.

 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 5. 6. Date Exercisable and 7. Title and 8. Price of 9. Nt 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber **Expiration Date** Amount of Derivative Deriv Security or Exercise any Code of (Month/Day/Year) Underlying Security Secu (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative Bene (Instr. 3 and 4) Derivative Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Morey Thomas C			S.V.P. &			
6110 EXECUTIVE BOULEVARD, SUITE 800			General			
ROCKVILLE, MD 20852			Counsel			

## Signatures

\*\*Signature of

Reporting Person

Thomas C. 12/17/2014

Morey

N 6 F

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.