#### Edgar Filing: LaSalle Hotel Properties - Form 4

LaSalle Hotel Properties

Form 4 January 03, 24	014									
								OMB AF	PROVAL	
FORM	<b>4</b> UNITED S	STATES SECU W	RITIES A ashington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti	Filed purs		<b>SECUR</b> 16(a) of th Utility Hole	<b>RITIES</b> e Securit ding Corr	ies Ez īpany	Estimate burden h response				
See Instructure 1(b).		30(h) of the 1	Investment	Compan	y Act	t of 194	0			
(Print or Type R	esponses)									
Riggins Bruce A Sym			21 ISSUET FRAME AND THE FILLE				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		of Earliest Tr		2110	J	(Chec)	k all applicable	)	
C/O LASAL PROPERTIE		(Month 01/01/	/Day/Year)	ansaction			Director X Officer (give below) CFO, E		Owner er (specify ury	
	(Street)		nendment, Da lonth/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by C			
BETHESDA	, MD 20814						Form filed by M Person			
(City)	(State) (	(Zip) Ta	ble I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, any (Month/Day/Yea	Code r) (Instr. 8)	4. Securi ion(A) or D (Instr. 3,	ispose 4 and (A) or	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares of Beneficial Interest	01/01/2014		A	7,096	A	( <u>1</u> )	42,058	D		
Common Shares of Beneficial Interest	01/01/2014		F	4,749	D	\$ 30.86	37,309	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.

#### 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	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		-		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					., und c)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exercisable Date	Date		of		
				Code V	(A) (D)				Shares		

### **Reporting Owners**

<b>Reporting Owner Name / Address</b>			Relationships			
<b>F F</b>	Director	10% Owner	Officer	Other		
Riggins Bruce A C/O LASALLE HOTEL PROPERTIES 3 BETHESDA METRO CENTER, SUITE 1200 BETHESDA, MD 20814			CFO, EVP and Secretary			
Signatures						

## Si

/s/ Bruce A. 01/03/2014 Riggins

\*\*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).

The common shares were granted to the reporting person by the Issuer's Board of Trustees. The shares will vest ratably on each of January 1, 2014, January 1, 2015 and January 1, 2016. The common shares were earned by the reporting person based on an equity

(1) performance award made in January 2011. The reporting person earned 39.8% of the maximum number of shares pursuant to the performance award. For more information on the performance award metrics and measurement period, please see the Issuer's annual proxy statement filed with the Securities and Exchange Commission.

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.