Edgar Filing: JOHNSON ROBERT L - Form 4

JOHNSON F	ROBERT L									
Form 4										
February 20,	2018									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB	3235-0287	
Check thi	is box		vv asni	ngton,	D.C. 20	549			Number:	January 31,
if no longer							NEDCHID OF	Expires:	2005	
	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP C SECURITIES							Estimated average burden hours per response 0.5		
Section 1 Form 4 or										
Form 5		pursuant to S	Section 16(a) of the	Securit	ies E	xchang	e Act of 1934,	response	0.0
obligation	ns Section	•					•	1935 or Section	1	
may cont See Instru	inue.		of the Invest	•	•	· ·				
1(b).										
(Print or Type R	Responses)									
1 Name and Δ	ddress of Report	ing Person *	2. I		т: -1	T J.:.		5. Relationship of	Reporting Pers	on(s) to
1. Name and Address of Reporting Person *2. Issuer Name and *JOHNSON ROBERT LSymbol					inener of frading			Issuer	reporting ren	011(3) 10
			RLJ Lodgi	ng Trus	at [RLJ]					
(Least)	(First)	(MGddla)	C C	C				(Check	k all applicable)
(Last)	(First)	(Middle)	3. Date of Ea (Month/Day/		insaction			X Director	10%	Owner
				02/15/2018				X Officer (give title Other (specify		
	A METRO CE		02/10/2010					below)	below) utive Chairman	
SUITE 1000)							Excel		
	(Street)		4. If Amendr	nent, Dat	e Original			6. Individual or Jo	int/Group Filin	g(Check
				iled(Month/Day/Year)				Applicable Line)		
								_X_Form filed by C		
BETHESDA	A, MD 20814							Form filed by M Person	lore than One Re	porting
(City)	(State)	(Zip)	Tabla I	Non De	mivotivo	Soone	itias A aa	uired, Disposed of	on Donoficial	ly Owned
-		-								-
1.Title of Security	2. Transaction I (Month/Day/Ye				4. Securit			5. Amount of Securities	6. Ownership Form: Direct	
(Instr. 3)	(months Duj) i e	any		Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Beneficially		Beneficial
		(Month/I	Day/Year) (I	nstr. 8)				Owned	Indirect (I)	Ownership
								Following Reported	(Instr. 4)	(Instr. 4)
						(A)		Transaction(s)		
			C	ode V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common	00/15/0010						\$	1 170 5 11	D	
Shares	02/15/2018			F	683 <u>(1)</u>	D	21.85	1,179,741	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
JOHNSON ROBERT L C/O RLJ LODGING TRUST 3 BETHESDA METRO CENTER, SUITE 10 BETHESDA, MD 20814	₀₀₀ X		Executive Chairman					
Signatures								
/s/ Anita Cooke Wells, Attorney-in-Fact	02/20/2018							
**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) Reflects common shares surrendered to the Issuer to satisfy tax withholding obligations in connection with the vesting of restricted common shares.

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.