Chesapeake Lodging Trust Form 4 January 29, 2015

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

**OMB APPROVAL** 

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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)

1. Name and Address of Reporting Person \* FRANCIS JAMES L

(First)

2. Issuer Name and Ticker or Trading Symbol

Chesapeake Lodging Trust [CHSP]

5. Relationship of Reporting Person(s) to

(Check all applicable)

President & CEO

Issuer

below)

(Last)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

01/27/2015

\_X\_\_ Director X\_ Officer (give title

10% Owner Other (specify

Beneficial

(Instr. 4)

Ownership

C/O CHESAPEAKE LODGING TRUST, 1997 ANNAPOLIS **EXCHANGE PARKWAY, STE 410** 

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

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

ANNAPOLIS, MD 21401

4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of 1.Title of 2. Transaction Date 2A. Deemed 3. Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) Code (D) Beneficially (D) or (Month/Day/Year) (Instr. 3, 4 and 5) Owned Indirect (I) (Instr. 8) **Following** (Instr. 4) Reported (A)

Code V

Transaction(s)

(Instr. 3 and 4)

Price

Common

(City)

Shares of Beneficial

01/27/2015

Α 38,272 A \$0 451,298

Amount

or

(D)

D

Interest

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: Chesapeake Lodging Trust - Form 4

# 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 Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amoun	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration Date		Number		
						Exercisable			of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
FRANCIS JAMES L						
C/O CHESAPEAKE LODGING TRUST	X		President			
1997 ANNAPOLIS EXCHANGE PARKWAY, STE 410	Λ		& CEO			
ANNAPOLIS, MD 21401						

## **Signatures**

/s/ Graham J. Wootten, Attorney-in-Fact

01/28/2015

\*\*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).

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