HERSHA HOSPITALITY TRUST

Form 4

December 17, 2008

December 17	, 2000											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							COMMISSION	OMB APPROVAL				
Check thi			hington,					Number:	3235-0287			
if no long		E CHAN	CEC DI		CT A I		NEDCHID OF	Expires:	January 31, 2005			
subject to Section 1 Form 4 o	IENT O	F CHAN	GES IN SECUR		CIA	L OW.	NERSHIP OF	Estimated a burden hou response	verage			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Section 17(a) of the Public Utility Holding 30(h) of the Investment Company 10(b).							Act of	f 1935 or Section	ı			
(Print or Type F	Responses)											
1. Name and Address of Reporting Person ** Hutchison Thomas J III			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
		HERSHA HOSPITALITY TRUST [HT]					(Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director 10% Owner Officer (give title Other (specify				
	OSPITALITY) WALNUT STR R	12/16/2008					below)	below)				
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
	PHIA, PA 19106							Person	ore than One Re	porting		
(City)		(Zip)		e I - Non-D 3.				uired, Disposed of,				
1.Title of Security (Instr. 3)		nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securit or(A) or Dis (Instr. 3, 4	sposed	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)		
~1 ·				Code V	Amount	(D)	Price	(msure und 1)	(1115111-1)			
Class A Common Shares of Beneficial Interest	12/16/2008			Р	25,000	A	\$ 2.65	122,823.6183	D			
Class A Common Shares of Beneficial Interest	12/16/2008			P	3,000	A	\$ 2.67	7,000 (1)	I	By wife		

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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.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

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 Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amount of		Derivative	J	
	Security	or Exercise		any	Code	of	(Month/Day/Year)		Under	derlying	Security	,
(Instr. 3)	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities		(Instr. 5)]
		Derivative		•		Securities			(Instr. 3 and 4)		(
		Security				Acquired]
		•				(A) or]
						Disposed						-
						of (D)						(
						(Instr. 3,						
						4, and 5)						
										Amount		
						Date	Expiration		or			
							Exercisable Date	-		Number		
									of			
					Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Hutchison Thomas J III HERSHA HOSPITALITY TRUST 510 WALNUT STREET, 9TH FLOOR PHILADELPHIA, PA 19106

X

Signatures

Ashish R. Parikh as attorney-in-fact for Thomas J. Hutchison III

12/16/2008

**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) The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.

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