Form **8937**

(December 2017)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

| Part I Reporting | lssuer | | | | |
|---|------------------------------|--|---------------------------------------|---|--|
| 1 Issuer's name | | | | 2 Issuer's employer identification number (EIN) | |
| RLJ Lodging Trust | | 27-4706509 | | | |
| 3 Name of contact for ad | ditional information | ne No. of contact | 5 Email address of contact | | |
| Joseph Greenbaum | | 301-280-7727 | | jgreenbaum@rljlodgingtrust.com | |
| 6 Number and street (or F | O. box if mail is not | 7 City, town, or post office, state, and ZIP code of contact | | | |
| 3 Bethesda Metro Center, | Suite 1000 | | | Bethesda, MD 20814 | |
| 8 Date of action | | 9 Classification and description | | | |
| See line 14 | | Common Shares | | | |
| 10 CUSIP number 11 Serial number(s | | s) 12 Ticker symbol | | 13 Account number(s) | |
| 74965L101 | 74965L101 N/A | | RLJ | N/A | |
| Part II Organization | nal Action Attact | n additional | statements if needed. See ba | ack of form for additional questions. | |
| 14 Describe the organizat | ional action and, if ap | oplicable, the | date of the action or the date ag | ainst which shareholders' ownership is measured for | |
| non-dividend distribution. | stributions were pai | d in 2017 as | described below. A portion of | each of the cash distributions paid was a | |
| TOTT-GIVICOTO GISTINGTOTI. | | | · · · · · · · · · · · · · · · · · · · | | |
| \$0.33 per share was paid o | n 4/14/2017 to comm | non shareho | olders of record as of 3/31/2017 | | |
| | | | olders of record as of 6/30/2017 | | |
| | | | olders of record as of 8/30/2017 | | |
| 30.11 per snare was paid o | n 10/13/2017 to com | mon snareh | olders of record as of 9/29/2017 | | |
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| | | ··· | | | |
| 15 Describe the quantitative share or as a percentage | | izational acti | on on the basis of the security in | the hands of a U.S. taxpayer as an adjustment per | |
| | | asis in the | common shares as a result of the | ne non-dividend distribution. | |
| The amount of the non-divi | | | | | |
| \$0.09 per share for the distr | iferations matrix and 4 of 4 | 10047 | | | |
| \$0.09 per share for the distr | | | | | |
| \$0.06 per share for the distr | | | | | |
| \$0.03 per share for the distr | ibution paid on 10/1 | 3/2017 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6 Describe the calculation valuation dates ▶ | of the change in bas | is and the da | ata that supports the calculation, | such as the market values of securities and the | |
| | | | | s of the company's earnings and profits. | |
| | | | | profits for the year which supports the | |
| o determine the portion of t | | | | reporting process, the Company was able | |
| | no recurs or capital a | and prepare | 1 Ottil 9731. | | |
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| Part | | Organizational Action (conti | nued) | | 1 435 |
|--|-----------|--|--|--|--|
| | | | ection(s) and subsection(s) upon whic | ch the tax treatment is based | . |
| IRS Se | ection | 301(c)(2) | | | |
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| A CONTRACTOR OF THE PARTY OF TH | 17.0 | | 10 Page 1 Control of the Control of | | San part of the san and the sa |
| | | | | | |
| | an an | y resulting loss be recognized? ► _ | | A1 | |
| N/A | - | | | | |
| - | <u> </u> | Secretary Statement of the Secretary | | | State of the state |
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| | The same | | | | |
| 19 P | rovide | any other information necessary to i | mplement the adjustment, such as the | e reportable tax year ▶ | ketalija postpilasti syresini. |
| The rep | oortak | ole tax year is 2017 | | | |
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| | Unde | er penalties of perjury, I declare that I have | e examined this return, including accompa | nying schedules and statement | s, and to the best of my knowledge and |
| | belief | f, it is true, correct, and complete. Declarat | ion of preparer (other than officer) is based | on all information of which prep | parer has any knowledge. |
| Sign | | Ψ , ι , ι | | 2 | 1 |
| Here | Signa | ature - Julian | | Date ► | /22/18 |
| | = | , | | | |
| | Print | your name ► Leslie Hale | In the second se | Title ► CFO | |
| Paid | | Print/Type preparer's name | Preparer's signature | Date | Check if PTIN |
| Prepa | irer | | | | self-employed |
| Use C | | Firm's name | | | Firm's EIN ▶ |
| Cand C- | vm 00 | Firm's address | man has Damastanant af the Toronto. | atamal Davisaria Combina | Phone no. |
| Sella FC | ıı 111 89 | or uncluding accompanying stateme | ents) to: Department of the Treasury, In | nternai nevenue Service, Og | juen, UT 84201-0054 |