FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |           |  |  |  |  |  |  |  |  |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average h | nurden    |  |  |  |  |  |  |  |  |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|                                                               |                                                                       |                                            |                                              |           |                                                          |                                                                              | . ,     |                                |                                                                |       |                      |                                                                                                   |                |                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|-----------|----------------------------------------------------------|------------------------------------------------------------------------------|---------|--------------------------------|----------------------------------------------------------------|-------|----------------------|---------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|--|
| 1. Name and Address of Reporting Person*                      |                                                                       |                                            |                                              |           |                                                          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol RLJ Lodging Trust [ RLJ ] |         |                                |                                                                |       |                      |                                                                                                   |                |                                                             | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
| Gormsen Christopher Andrew                                    |                                                                       |                                            |                                              |           | 1                                                        |                                                                              |         |                                |                                                                |       |                      |                                                                                                   |                |                                                             |                                                                         | Direc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tor                                                                                             | 10%                                                                      | ó Owner                                 |  |
|                                                               |                                                                       |                                            |                                              |           | 3 D                                                      | 2. Data of Favliget Transaction (Month/Day/Year)                             |         |                                |                                                                |       |                      |                                                                                                   |                | $\dashv$                                                    | X                                                                       | Officer (give title below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | Oth<br>belo                                                              | er (specify<br>ow)                      |  |
| (Last) (First) (Middle) C/O RLJ LODGING TRUST                 |                                                                       |                                            |                                              |           |                                                          | 3. Date of Earliest Transaction (Month/Day/Year) 11/20/2015                  |         |                                |                                                                |       |                      |                                                                                                   |                | Chief Accounting Officer                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
| C/O RLJ LODGING TRUST                                         |                                                                       |                                            |                                              |           |                                                          |                                                                              |         |                                |                                                                |       |                      |                                                                                                   |                |                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
| 3 BETHESDA METRO CENTER, SUITE 1000                           |                                                                       |                                            |                                              | -         |                                                          |                                                                              |         |                                |                                                                |       |                      |                                                                                                   | -              |                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
|                                                               |                                                                       |                                            |                                              | -   4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                                                                              |         |                                |                                                                |       |                      |                                                                                                   |                | 6. Individual or Joint/Group Filing (Check Applicable Line) |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
| (Street)                                                      | DA M                                                                  | D -                                        | 00014                                        |           |                                                          |                                                                              |         |                                |                                                                |       |                      |                                                                                                   |                |                                                             | X                                                                       | Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | filed by One                                                                                    | e Reporting P                                                            | erson                                   |  |
| BETHESDA MD 20814                                             |                                                                       |                                            |                                              |           |                                                          |                                                                              |         |                                |                                                                |       |                      |                                                                                                   |                | Form filed by More than One Reporting Person                |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
| (City)                                                        | (St                                                                   | ate) (                                     | Zip)                                         |           |                                                          |                                                                              |         |                                |                                                                |       |                      |                                                                                                   |                |                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |
|                                                               |                                                                       | Tabl                                       | e I - Nor                                    | n-Deriv   | ative                                                    | Se                                                                           | curitie | s Acc                          | quired,                                                        | Dis   | posed o              | of, o                                                                                             | r Ben          | efici                                                       | ally (                                                                  | Dwne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed                                                                                              |                                                                          |                                         |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |                                                                       |                                            |                                              |           | Execution Da                                             |                                                                              | n Date, | 3.<br>Transactio<br>Code (Inst |                                                                |       |                      |                                                                                                   |                | 4 and Secu<br>Bene<br>Owne                                  |                                                                         | cially<br>I Following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                               | of Indirect<br>Beneficial<br>Ownership                                   |                                         |  |
|                                                               |                                                                       |                                            |                                              |           |                                                          |                                                                              |         |                                | Code                                                           | v     | Amount               |                                                                                                   | (A) or<br>(D)  | Price                                                       | .                                                                       | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                          | (Instr. 4)                              |  |
| Common Shares 11/20/2                                         |                                                                       |                                            |                                              | /2015     |                                                          |                                                                              |         |                                |                                                                | 98(1) |                      | D                                                                                                 | \$23           | .69                                                         | 14,323                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D                                                                                               |                                                                          |                                         |  |
|                                                               |                                                                       | Та                                         |                                              |           |                                                          |                                                                              |         |                                |                                                                |       | osed of,<br>onvertib |                                                                                                   |                |                                                             |                                                                         | ned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                          |                                         |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,     | Code (Insti                                              |                                                                              | n of    |                                | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |       | te                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                |                                                             | 8. Pri<br>Deriv<br>Secu<br>(Instr                                       | ative derivative Security Secu | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4) |  |
|                                                               |                                                                       |                                            |                                              |           | Code                                                     | v                                                                            | (A)     | (D)                            | Date<br>Exercisa                                               |       | Expiration<br>Date   | Titl                                                                                              | or<br>Nu<br>of | ount<br>mber<br>ares                                        |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                         |  |

## **Explanation of Responses:**

1. Reflects common shares surrendered to the Issuer to satisfy tax withholding obligations in connection with the vesting of restricted common shares.

## Remarks:

/s/ Anita Cooke Wells, Attorney-in-Fact 11/24/2015

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.

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 Number.