FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

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

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

		*			2 10	ouer	Nomo o	nd Tield	or or Tro	dina (	Symbol			Te	Dolo	tionobi	n of Donortin	na Dorcor	2(c) to Ic	ouer		
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol RLJ Lodging Trust [ RLJ ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
JOHNSON ROBERT L						KEY FORKING TIME [ KEY ]									X	Direc	ctor		10% C	wner		
-					-										X Offic		er (give title		Other (specify			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Λ	below) `			below)			
C/O RLJ LODGING TRUST						11/20/2016									Executive Chairman							
3 BETHESDA METRO CENTER, SUITE 1000																						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)					""	4. II Amendment, Date of Original Flied (Month/Ddy/Teal)										Line)						
BETHES	DA M	D 2	20814													X Form filed by One Reporting Person						
					.											Form filed by More than One Reporting						
(City) (State) (Zip)															Person							
(0.1.9)	(0.	(	P)																			
		Tabl	e I - Nor	າ-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, oı	r Ben	efici	ally	Owne	ed					
1. Title of S	Security (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)								6. Ownership		7. Nature		
				Date (Month/I	Dav/Yea	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			3, 4 a	4 and Secur Benef				orm: Direct O) or Indirect	of Indirect Beneficial				
(monant					.,	(Month/Day/Year)										l Following		) (Instr. 4)	Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		Price	Transa		action(s) 3 and 4)			(111311. 4)		
											<del>                                      </del>			<del>-  `-</del>		3 and 4)						
Common Shares 11/20/						6			F		735(1)	1) D :		\$2	1,176,641		76,641		)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
		10									onvertib					viica						
1. Title of	2.	ed 4.			5. Number 6		6. Date Exercisab		able and 7. Title an				8. Price of		9. Number o	of 10.		11. Nature				
Derivative Security	Conversion	3. Transaction Date (Month/Day/Year)	Execution		Transa		n of l		Expiration	Expiration Date			Amount of			vative	derivative Securities	Owr	Ownership Form:	of Indirect Beneficial		
(Instr. 3)	or Exercise Price of	(WOITHI/Day/Teal)	if any (Month/Da		8)	Code (Instr. 8)		Securities		(Month/Day/Year)			Securities Underlying			r. 5)	Beneficially	Dire	Direct (D)	Ownership		
	Derivative   Security						Acquired (A) or			Derivative Security (In				str. 3			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
				Disposed of (D)				and 4)							Reported Transaction	1						
						(Instr. 3, 4										(Instr. 4)		,,,				
					and 5	" 		_														
									Amoun		ount											
							Date		Expiration		Nur of	nber										
		Code	v	(A)		Exercisal		Date	Title		res											

## 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 11/22/2016

\*\* Signature of Reporting Person Date

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

- \* 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.