Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
vasimigton,	D.O.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
h	0.5							

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

Name and Address of Reporting Person* JOHNSON ROBERT L															5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					L									_	X Directo	r (give title	10% Owner Other (specify		·	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024								x below)			below)	pecity		
C/O RLJ LODGING TRUST					02	Executive Chairman														
7373 WISCONSIN AVE., SUITE 1500					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														:	X Form fi	led by One	Repo	rting Persor	ı	
BETHES	SDA M	D	20814											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Rı	ule 1	10b5	5-1(c) Trans	act	ion In	dicati	on							
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - No	n-Deriv	ativ	e Sec	curiti	es A	cquired,	Dis	posed	of, or	Ben	eficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) Exec		A. Deemed kecution Date, any lonth/Day/Year)		Transaction Dispose Code (Instr.		rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefici Owned F	es ally Following	Form (D) o	r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	٧	Amount	: (A) or D)	Price	Reported Transact (Instr. 3	tion(s)			Instr. 4)	
Common Shares 02/28.				/2024		F		11,94	11,947 ⁽¹⁾ D		\$11.4	3 1,405,935			D					
		-	Гable II -						quired, D s, optior						Owned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	ate, Transaction				6. Date Exe Expiration (Month/Day	Date		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity I)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	or Ni	mount umber Shares				l		
OP Units	(2)								(3)		(3)	Commo		35,250		335,25	50	D		

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.
- 2. "OP Units" represent limited partner interests of RLJ Lodging Trust, L.P., the operating partnership (the "OP") of the Issuer, of which the Issuer is the sole general partner. OP Units are redeemable beginning one year after the date of issuance for cash equal to the then current market value of one common share of the Issuer, at the election of the Issuer, an equal number of common shares of the Issuer.
- 3. All of these OP Units are immediately redeemable (subject to certain limitations set forth in the agreement of limited partnership of the OP). OP Units have no expiration date.

/s/ Chad Perry, Attorney-in-03/01/2024 Fact

** 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.