| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OWR APPI | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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| nours per response. | 0.5 |
|--------------------------|-----|
| hours per response: | 0.5 |
| Estimated average burden | |

| 1 I Marie and Address of Reporting Leson | | | 2. Issuer Name and Ticker or Trading Symbol <u>RLJ Lodging Trust</u> [RLJ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|----------------|--------------|--|--|--|--------------------------|--|--|--|
| JUHNSUN R | <u>OBERT L</u> | | | X | Director | 10% Owner | | | |
| | | | | x | Officer (give title | Other (specify | | | |
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2012 | | below) Executive | below) Chairman | | | |
| 3 BETHESDA M | METRO CENTER | , SUITE 1000 | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group F Form filed by One I | Filing (Check Applicable | | | |
| BETHESDA | MD | 20814 | | | , | than One Reporting | | | |
| (City) | (State) | (Zip) | | | FEISUI | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | Disposed Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------------------------------|---|----------------------------------|---|---|---|---|-----------|
| | | | Code | v | Amount (A) or Price | | | Transaction(s) (Instr. 3 and 4) | | (11501 4) |
| Common Shares | 06/02/2012 | | F | | 1,051(1) | D | \$17.14 | 1,293,459 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | 3 | 3 | | | | | | 3 | | | | | | | |
|---|---|--|---|------------------------------|---|---|-----|--|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

Remarks:

/s/ Anita Cooke Wells,

Attorney-in-Fact

06/05/2012

** Signature of Reporting Person Date

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

 \ast 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.