FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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* Bardenett Thomas | | | | | 2. Issuer Name and Ticker or Trading Symbol RLJ Lodging Trust [RLJ] | | | | | | | | | | heck all | tionship of Reporting all applicable) Director | | | 10% Ov | ner | |
|--|---|-----|----------|---|---|--|-----|--|---------------------|---|--|----------|-------------------|---|---|--|---|---|--|---------|--|
| (Last) | (Fi | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2023 | | | | | | | | | | | Officer (give title below) EVP and COO | | | | specify | |
| 3 BETHESDA METRO CENTER, SUITE 1000 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BETHESDA MD 20814 | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | | | | | 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. | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exectif any | Deemed oution Date, y oth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed O 5) | | | | | | and Secur Bene Owne | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A (D | (A) or (D) Pri | | Tr | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Shares 05/04/2 | | | | | | 2023 | | | | | 13,497(1) | | D | \$10.13 | | 3 274,412 | | 2 D | | | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | | /nec | t | | | | |
| 1. Title of Derivative Security (Instr. 3) | perivative Conversion Date Execution Date, cecurity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirat (Month | tion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | f g | 8. Price Deriva Securi (Instr. | tive ty | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 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 | or Nu of | nount mber 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.

/s/ Anita Cooke Wells, 05/08/2023 Attorney-in-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.