FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CH	IANGES	IN BE	NEFICIAL	OWNER	SHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per response:	0.5										

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* JOHNSON ROBERT L				2. Issuer Name and Ticker or Trading Symbol RLJ Lodging Trust [RLJ]								(Ch	5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Own							
(Last) (First) (Middle) C/O RLJ LODGING TRUST				3. Date of Earliest Transaction (Month/Day/Year) 11/15/2020							_	Officer (give title below) Executive Characteristics			Other (s below) irman	specify				
3 BETHESDA METRO CENTER, SUITE 1000				L																
(Street) BETHES			20814		4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n			
(City)	(Si		(Zip)			_														
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ction 2A. Deemed Execution Date,			3. Tra	3. 4. Secur Transaction Dispose Code (Instr. 5)		rities Ac	cquirec		5. Amou Securiti Benefic	int of es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Co	ode V	,	Amount		(A) or (D)	Price	Transac (Instr. 3	ion(s)			(instr. 4)		
Common Shares 11/15/					5/2020				1	F		1,017	7 ⁽¹⁾ D \$		\$11.7	71 1,240,853			D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year) if any		1. Fransa Code (I	ction of Ex		Expira (Month	. Date Exercisable and expiration Date Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		ecurity 4) .mount r	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)	Beneficial Ownership (Instr. 4)				
			Code	ode V (A		(D)	Date Exercis	sable	Ex Da	piration te			umber f Shares							
OP Units	(2)								(3)	6)		(3)	Comm	on 3	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 or, 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.

Remarks:

/s/ Anita Cooke Wells, 11/17/2020 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.