FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
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| OMB Number: | 3235-0287 |
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0.5

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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) |

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

| 1. Name and Address of Reporting Person* JOHNSON ROBERT L | | | | | 2. Issuer Name and Ticker or Trading Symbol RLJ Lodging Trust [RLJ] | | | | | | | | | | check a | | o of Reporting dicable) tor | | s) to Is | |
|---|---|--|---|-----------------------------|--|--|---------|----------|------------------------------------|-------|---------------------|--|-----------------|---|---|---|--|---|--------------|--|
| (Last) (First) (Middle) C/O RLJ LODGING TRUST 3 BETHESDA METRO CENTER, SUITE 1000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2016 | | | | | | | | | | X Officer (give title below) Execution | | | Other (specify below) | | |
| (Street) BETHESDA MD 20814 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individ ne) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Sec | curitie | s Acq | uired, | Dis | posed o | f, oı | r Ben | eficia | ally O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution D | | Date, | Code (In | | | | | nd S | 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 (D) | Price | т | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | | | | |
| Common Shares 05/18/ | | | | | | /2016 | | | | | 760(1) | D \$2 | | \$21 | .12 | 1,117,108 | | D | | |
| | | Та | ıble II - D (e | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | Date, Transaction Code (Ins | | | | | 6. Date E Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

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 05/19/2016

** 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.