Edgar Filing: Chatham Lodging Trust - Form 4

Chatham Lodging Form 4	g Trust								
February 01, 2016	5								
FORM 4			an aru			an star			PPROVAL
	UNITED	STATES		RITIES A shington			E COMMISSION	N OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5		NGES IN SECUI	Estimated a burden hou response	urs per					
obligations may continue. <i>See</i> Instruction 1(b).	-	a) of the H	Public U	tility Hol	ding Cor		of 1935 or Section		
(Print or Type Respon	ises)								
1. Name and Address CRAVEN DENN	Person [*]	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		Chatha	m Lodgin	g Trust [CLDT]	(Check all applicable)			
(Last) ((222 LAKEVIEW 200	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2016			Director 10% Owner X Officer (give title Other (specify below) below) EVP & Chief Operating Officer					
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WEST PALM BI	EACH, FL 3	33401					Form filed by Person	More than One Ro	eporting
(City) (S	State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned
	nsaction Date h/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		c 1 1	c						
Reminder: Report on	a separate line	tor each cla	ass of sec	urities bene	Perso inforn requir	ns who res nation cont red to resp nys a curre	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

Edgar Filing: Chatham Lodging Trust - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)				(In	nsti
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
LTIP Units (1)	<u>(1)</u>	01/28/2016	(1)	А	13,512	<u>(1)</u>	(1)	Common Shares	13,512	(

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
CRAVEN DENNIS M 222 LAKEVIEW AVENUE SUITE 200 WEST PALM BEACH, FL 33401			EVP & Chief Opera	ting Officer
Signatures				
/s/ Dennis M. Craven, as Attorney in Fact		02/01/20	16	
<u>**</u> Signature of Reporting Person		Date		

Explanation of Responses:

- * 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).

1. Represents restricted units of limited partnership interest ("LTIP Units") in Chatham Lodging, L.P. (the "Operating Partnership"), of which the Issuer is the general partner, granted to the reporting person on January 28, 2016. Vested LTIP Units, upon achieving parity with the Operating Partnership units pursuant to the terms of the Operating Partnership's agreement of limited partnership, may be

(1) exchanged at any time at the election of the holder for Operating Partnership units on a one-for-one basis or, at the Issuer's option, an equivalent amount of cash. One-third of the reporting person's LTIP Units vest on each of the first three anniversaries of the date of grant, subject to the reporting person's continued employment with the Issuer. The LTIP Units were issued pursuant to the Issuer's Equity Incentive Plan and have no expiration dates.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.