FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| | pe Kesponse | | * | | | | | | | | | 5 Dalation | nahin af Daw | outin a Danaa | *(a) to Igano | _ |
|--|---|--|--|---|--------|--|--------------|---|--|--|--|--|--------------|---|---|-------------------------------------|
| 1. Name and Address of Reporting Person* Goitia Ellen M. | | | | 2. Issuer Name and Ticker or Trading Symbol WASHINGTON REAL ESTATE INVESTMENT TRUST [WRE] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | |
| (Last) (First) (Middle) 1775 EYE STREET, SUITE 1000 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2018 | | | | | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | |
| WASHINGTON, DC 20006 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acou | | | | | | | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | | if Coo | 3. Transacti Code (Instr. 8) | | ion 4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5) | | uired of | 5. Amoun Beneficial | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: Direct (D) | Beneficial Ownership | |
| | | | | | | C | Code | V | Amou | nt (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock 05/15/ | | 05/15/2018 | | | | A | | 1,781 (1) | A | \$ 0 | 3,316 | | | D | | |
| | Topon on a . | oparate me re | Table II -) | Derivative | Secur | ities A | cquire | Perso conta the fo | ons whined in orm dis | no respon in this for splays a c | m are curre eficial | e not requ ntly valid | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Day Year) any | 4. te, if Transaction Code Year) (Instr. 8) | | 5. Num of Deriv Secu Acqu (A) c Disp of (E) (Insti | 5. Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form of Derivative Security: Direct (D or Indirec | Beneficia Ownershi (Instr. 4) |
| | | | | Code | de V | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| D (O N (| Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Goitia Ellen M. 1775 EYE STREET SUITE 1000 WASHINGTON, DC 20006 | X | | | | | | |

Signatures

| By: W. Drew Hammond For: Ellen M. Goitia | 05/16/2018 |
|--|------------|
| **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) These are Restricted Stock Awards granted pursuant to the Washington Real Estate Investment Trust 2016 Omnibus Long-Term Incentive Plan based on closing price on 5/15/18 of \$28.07.

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.