# FORM 4

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

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| nours 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

| (Print or Ty   | pe Response | s)  |  |  |   |        |                         |  |  |  |                   |             |  |  |  |                    |  |          |   |
|--|-------------|---|--|--|---|--------|-------------------------|--|--|--|-------------------|-------------|--|--|--|--------------------|--|----------|---|
| 1. Name and Address of Reporting Person * FRANKLIN LAURA M |             |   |  |  | 2. Issuer Name and Ticker or Trading Symbol<br>WASHINGTON REAL ESTATE INVESTMENT<br>TRUST [WRE] |        |                         |  |  |  |                   |             | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |  |  |                    |  |          |   |
| 6110 EX  | *           | (First)<br>E BOULEVARD  |  | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2004                      |   |        |                         |  |  |  |                   |             |  | S.V.                                   | P. Accounting  | ng                 |  |          |   |
| (Street) ROCKVILLE, MD 20852                               |             |   |  |  | 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 |  |  |                    |  |          |   |
| (City  |             | (State)   | (Zip)                                      | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |        |                         |  |  |  |                   |             |  |  |  |                    |  |          |   |
| (Instr. 3) Date  |             |   | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Dec<br>Execution any<br>(Month)  | on Da   | ,      | 3. Tr<br>Code<br>(Instr |  |  | 4. Securities Acquire<br>(A) or Disposed of (Instr. 3, 4 and 5)    |                   | of (D)      | Owned F<br>Transacti   |  | nount of Securities Beneficially<br>ad Following Reported<br>action(s) |                    | 6.<br>Ownership<br>Form:<br>Direct (D) |          | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|  |             |   |  | (Month   | /Дау/   | i ear) | Co                      | ode  | V A                                      | Amount   | (A) or<br>(D)     | Price       | or<br>(I)  |  |  | or Ind (I) (Instr. | irect (I                               | nstr. 4) |   |
| Common Stock 09/07/  |             | 09/07/2004  |  |  |   | N      | М                       | 4  | ,107                                     | A  | \$<br>16.19       | 41,76       | 11,767   |  | D  |                    |  |          |   |
|  |             |   | Table II -                                 |  |   |        |                         | di   | isplay<br>, Disp                         | s a cu<br>osed of,   | rrently<br>or Ben | valid O     | МВ со  | ontrol n                               | unless the<br>umber.   | e iorm             |  |          |   |
|  |             | 1   | Т  | (e.g., pu  |   |        |                         |  |  |  |                   |             |  |  | ı  |                    |  |          | 1   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        |             | Conversion Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Month/Day/Year) (Month/Day/Year) (Securities Acquired) |  | of Und<br>Securit  |   |        |                         | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y Fo<br>De<br>Se<br>Di<br>or<br>n(s) (I) | wnership<br>orm of<br>erivative<br>curity:<br>rect (D)<br>Indirect | (Instr. 4)        |             |  |  |  |                    |  |          |   |
|  |             |   |  | Code   | V (   | (A)    | (D)                     | Date<br>Exerci   | sable                                    | Expir<br>Date  | ration            | Title       | 1  | Amount<br>or<br>Number<br>of<br>Shares |  |                    |  |          |   |
| ISO -<br>1996<br>Officer                                   | \$ 16.19    | 09/07/2004  |  | М  |   | 4.     | ,107                    | 12/17  | '/199 <sup>°</sup>                       | 7 12/1   | .7/2006           | Comi<br>Sto |  | 4,107                                  | \$ 16.19   | 0                  |  | D        |   |

### **Reporting Owners**

|  | Relationships |              |                   |       |  |  |  |
|--|---------------|--------------|-------------------|-------|--|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer           | Other |  |  |  |
| FRANKLIN LAURA M<br>6110 EXECUTIVE BOULEVARD<br>SUITE 800<br>ROCKVILLE, MD 20852 |               |              | S.V.P. Accounting |       |  |  |  |

## **Signatures**

| /s/ Franklin, Laura M.          | 09/08/2004 |
|---------------------------------|------------|
| **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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see} \ Instruction 6 for procedure. \\$ 

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.