FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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(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

| Name and Address of Reporting Person * FRANKLIN LAURA 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) Director X Officer (give title below) Other (specify below) E.V.P. Accounting | | | | | |
|--|---|--|-----------------------|---|--|-----------------------|---|---|--|---|---|---------------|--|--|------------------------------------|
| (First) (Middle) 6110 EXECUTIVE BOULEVARD, SUITE 800 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2010 | | | | | | | E. | v.i . Accoun | iting | |
| (Street) ROCKVILLE, MD 20852 | | | | 4 | 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 | <i>(</i>) | (State) | (Zip) | | Т | able I - | Non-D | erivative | Securitie | s Acqui | ired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | A. Deemed xecution Date, if ny Month/Day/Year) | Code (Instr. 8) | | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia | ant of Securities ally Owned Following d Transaction(s) and 4) | | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Cod | e V | Amount | or | Price | | (I) | | (I) (Instr. 4) | ` ′ |
| Commor | ı Stock | | 12/16/2010 |) | | S | | 14,943 | | 8 29.40 <u>1)</u> | 74,331. | 9466 | | D | |
| Reminder: | Report on a s | separate line f | | le II - De | ies beneficially o | ties Acq | Pe co the | rsons wh ntained i e form dis Disposed | no respo n this fo splays a of, or Be | orm are curre | not requesting ntly valid | | formation spond unle trol numbe | ess | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day | Day/Year) Execution D | emed ion Date | (e.g., puts, calls, wate, if Transaction Code (Year) (Instr. 8) | 5. 6. l Number and | | Date Exer d Expirati | Date Exercisable I Expiration Date onth/Day/Year) I Control Date Onth/Day/Year | | Title and nount of aderlying curities sistr. 3 and | | 9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form of Derivativ Security: Direct (I or Indire | Beneficia Ownersh (Instr. 4) |
| | | | | | | 4, and | 5) | | | | | | | | |

Reporting Owners

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

Signatures

| By: Thomas C. Morey For: Laura M. Franklin | 12/17/2010 |
|--|------------|
| **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).
- This transaction was executed in multiple trades at prices ranging from \$29.32 to \$29.46. The price reported above reflects the weighted average purchase price. The (1) reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.