FORM 4

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

OMB APPROVAL
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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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | | |
|---|---|----------------------------------|--------|-------------|--|------|--|---|---|-------------------|-------------------------------|-------------------------------|---|---|--|--|---------------------------|---|--------|----------|
| 1. Name and Address of Reporting Person * FRANKLIN LAURA M | | | | WA | 2. Issuer Name and Ticker or Trading Symbol WASHINGTON REAL ESTATE INVESTMENT TRUST [WRE] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X_ Officer (give title below) Other (specify below) | | | | | | | |
| (Last) (First) (Middle) 6110 EXECUTIVE BOULEVARD, SUITE 800 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014 | | | | | | | | | Е, | V.P. Accoun | ting | | | | |
| ROCKVILLE, MD 20852 | | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 02/20/2014 | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | | Acquir | ired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | | Date | h/Day/Year) | Execu any | | on Date, if Code (Instr. 8) Day/Year) | | on 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) (A) or | | of (I | | 5. Amount of Securities Beneficially Owned Follo Reported Transaction(s) (Instr. 3 and 4) | | Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of In Ben Own | Nature Indirect Ineficial Inership Istr. 4) | | |
| Common Stock 02/ | | 02/18 | 3/2014 | | | F | | | 2,378.0 | 0 D | \$ 2. | 3.87 | 7 96,319.0277 | | | D | | | | |
| | | | | Table II - | | | | | | Per con the | sons whatained in form dis | no resp n this f splays | orn a c | n are urren | not requ tly valid | ction of inf ired to res OMB cont | pond unle | ss | C 1474 | 4 (9-02) |
| | | | | | | | ls, w | | s, opt | | s, conver | | curi | | | | | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transact Date (Month/Da | | r) any | 4. Transacti Code (Year) (Instr. 8) | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | , | | Amor Unde Secur | le and unt of rlying rities : 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | ship of tive (y: (D) rect | Beneficia Ownersh (Instr. 4) | | |
| | | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | Expirat Date | ion | Title | Amount or Number of Shares | | | | | |

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 | 03/20/2014 |
|--|------------|
| **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, 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.