## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

| 1 NI  | pe Response   | - /                                |                          |   |  |  |          |   |   |                            |              |  |  |   |                                  |   |   |  |
|---|---|------------------------------------|--------------------------|---|--|--|----------|---|---|----------------------------|--------------|--|--|---|----------------------------------|---|---|--|
| 1. Name and Address of Reporting Person* Morey Thomas C |   |                                    |                          | WA  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol WASHINGTON REAL ESTATE INVESTMENT TRUST [WRE] |  |          |   |   |                            | 5            | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  S.V.P. & General Counsel |  |   |                                  |   |   |  |
| (Last) (First) (Middle)<br>1775 EYE STREET, SUITE 1000  |   |                                    |                          | 3. Date of Earliest Transaction (Month/Day/Year) 07/26/2016 |  |  |          |   |   |                            |              | S. V.P.  | . & General  | Counsei   |                                  |   |   |  |
| WASHI   | NGTON, E  | (Street) OC 20006                  |                          |   | 4. If  | Amendmen                                 | , Date ( | )rigina   | Filed(Mont  | th/Day/Y                   | (ear)        |  | X_ Form fil  | ual or Joint/0<br>ed by One Repo<br>ed by More than | orting Person                    |   | plicable  | Line)  |
| (City   | ·)  | (State)                            |                          | (Zip)   |  | Table I - Non-Derivative Securities Acqu |          |   |   |                            | Acquir       | uired, Disposed of, or Beneficially Owned  |  |   |                                  |   |   |  |
| 1.Title of Security<br>(Instr. 3)                       |   | Date                               | nsaction<br>th/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |  | (Instr. 8)                               |          | (A) or D  | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)  (A) or |                            | (D) Benefici |  | unt of Securities<br>ially Owned Following<br>d Transaction(s)<br>and 4) |   | Ownership<br>Form:<br>Direct (D) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Commor  | Stock   |                                    | 07/26                    | 6/2016  |  |  | Cod      | e V   | 19,423  | .00                        | . ,          | Price<br>\$ 0  | 35,939   |   |                                  | (Instr. 4                                     | -)  |  |
|   |   |                                    |                          |   |  |  |          | P   | ersons wl   | ho res                     | spond        | d to ti  | he collec  | ction of inf  | ormation                         | 5   | EC 14   | 74 (9-02)  |
|   |   |                                    |                          |   |  | ative Securi                             |          | th<br>quired,   | ontained i<br>e form di<br>Disposed                                 | in this<br>splay<br>of, or | forms a co   | n are<br>urren<br>ficially   | not requ<br>tly valid  | ction of inf<br>uired to res<br>OMB cont            | spond unle                       | ess   | SEC 14  | 74 (9-02)  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transacti<br>Date<br>(Month/Day |                          | 3A. Deemed Execution De                                     | (e.g., p   | 4. Transaction Code                      | 5.       | quired, option 6 are (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | ontained i<br>e form di<br>Disposed                                 | of, or reisable on Date    | Benefacturi  | ficially<br>ties) 7. Tit<br>Amor<br>Unde<br>Secur  | not required the valid y Owned the and unt of orlying                    | OMB conf  | spond unle                       | of 10. Own Form y Der Seco Dire or In (s) (I) | nership<br>n of<br>ivative<br>urity:<br>ect (D)<br>ndirect        | 11. Natur<br>of Indire<br>Beneficia<br>Ownersh<br>(Instr. 4) |

#### **Reporting Owners**

| D ( O N /   | Relationships |              |                          |       |  |  |  |
|---|---------------|--------------|--------------------------|-------|--|--|--|
| Reporting Owner Name /<br>Address                                       | Director      | 10%<br>Owner | Officer                  | Other |  |  |  |
| Morey Thomas C<br>1775 EYE STREET<br>SUITE 1000<br>WASHINGTON, DC 20006 |               |              | S.V.P. & General Counsel |       |  |  |  |

## **Signatures**

| Thomas C. Morey                 | 07/26/2016 |
|---------------------------------|------------|
| **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) Unvested shares forfeited upon resignation.

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.