FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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) | | | | | | | | | | | | | | |
|---|---|--|------------------------------|---|--|---|----------------|---|---|---|--|--|----------|---|--|-------------------------------------|
| Name and Address of Reporting Person* Butcher Benjamin S | | | | 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) 09/30/2016 | | | | | | | | | | | | |
| (Street) WASHINGTON, DC 20006 | | | | 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 | | | | | osed of, or I | Beneficially (| Owned | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial | |
| | | | | (Month/ | Day/Yea | | Code | V | Amoui | (A) or (D) | Price | (Instr. 3 and 4) | | | ` / | Ownership (Instr. 4) |
| Common | Common Stock 09/30/2016 | | 09/30/2016 | | | | A | | 281.1 [°] | 7 A | \$ 0 | 9,588.7292 | | | D | |
| | | | Table II - I | | | | cquire | contai the fo | ined in rm dis | n this for splays a of, or Ben | m are curre eficial | not requesting ntly valid | OMB conf | spond unle | ss | 1474 (9-02) |
| Security | 2. Conversion or Exercise Price of Derivative Security | 1111 | 3A. Deemed Execution Date | 4. Transaction Code Year) (Instr. 8) | | 5. Num of Deri Secu Acqu (A) c Disp of (I (Inst.) | 5. Number | | and Expiration Date (Month/Day/Year) | | 7. T Amo Und Secu | itle and ount of lerlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | Beneficia Ownershi (Instr. 4) |
| | | | | Code V | (A) | (D) | Date Exerci | | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| P (0 N (| Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Butcher Benjamin S 1775 EYE STREET SUITE 1000 WASHINGTON, DC 20006 | X | | | | | |

Signatures

| By: W. Drew Hammond For: Benjamin S. Butcher | 10/04/2016 |
|--|------------|
| **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) These are Restricted Share Units granted pursuant to the Washington Real Estate Investment Trust Deferred Compensation plan for Directors the number of shares awarded is based on the closing price on 9/30/2016 of \$31.12. The units settle only in stock.

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.