FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| nours per response | e 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* LINGAFELTER WAYNE | | | | 2. Issuer Name and Ticker or Trading Symbol CORPORATE OFFICE PROPERTIES TRUST [OFC] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Other (specify below) | | | | | |
| (Last) (First) (Middle) 6711 COLUMBIA GATEWAY DRIVE, SUITE 300 (Street) COLUMBIA, MD 21046 | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2014 | | | | | | | Pre | sident of Aff | iliate | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | |
| (City | <i>i</i>) | (State) | (Zip) | | Tal | ble I - N | lon-D | erivative | Securities | s Acqu | ired, Disp | osed of, or l | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | f Code (Instr. 8) | | (A) or | 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5) | | Beneficia Reported | ally Owned Following I Transaction(s) | | Ownership Form: | Beneficial |
| | | | | | (Month/Day/Year) | | e V | V Amou | (A) or (D) | Price | (Instr. 3 a | na 4) | | \ / | Ownership (Instr. 4) |
| Commor | n Shares | | 03/01/2014 | | | F | | 1,051 | . D | <u>(1)</u> | 31,411 | | | D | |
| Commor | n Shares | | 03/03/2014 | | | F | | 442 | D | <u>(1)</u> | 30,969 | | | D | |
| | | | | Derivative Sec | | | the | ntained e form di Disposed | n this fo splays a of, or Bei | rm are curre | e not requently valid | | spond unle trol numbe | ss | 1474 (9-02) |
| 1 7714 6 | 2. | 3. Transactio | | e.g., puts, call | | | | | | | | 0 D : C | 9. Number o | of 10. | 11 37 / |
| | Conversion or Exercise Price of Derivative Security | onversion Date Exercise (Month/Day/Y) rice of erivative | Year) Execution Da | 4. Transact Code Year) (Instr. 8) | tion N | Number of Derivati Securitic Acquire A) or Dispose of (D) Instr. 3, 4, and 5 | an (M | Date Exer d Expirati Ionth/Day | on Date | Am Und Sec | itle and ount of derlying urities tr. 3 and | 8. Price of Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Beneficia Ownersh (Instr. 4) |
| | | | | | | | | ate cercisable | Expiration Date | n Titl | Amount or e Number | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| LINGAFELTER WAYNE 6711 COLUMBIA GATEWAY DRIVE SUITE 300 COLUMBIA, MD 21046 | | | President of Affiliate | | | |

Signatures

| Karen M. Singer, by Power of Attorney | 03/04/2014 |
|---------------------------------------|------------|
| **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).
- (1) These shares were forfeited in a net share settlement in connection with restrictions lapsing on restricted shares.

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.