FORM 4	4
--------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

#### 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 Type Responses)										
1. Name and Address of Reporting Per LINGAFELTER WAYNE	2. Issuer Name <b>and</b> Ticker or Trading Symbol CORPORATE OFFICE PROPERTIES TRUST [OFC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X_Officer (give title below) Other (specify below) President of Affiliate			
(Last) (First) 6711 COLUMBIA GATEWAY DRIVE, SUITE 300	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/06/2014						President of Af	mate	
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) COLUMBIA, MD 21046						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 of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		· · · · · · · · · · · · · · · · · · ·			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
		· · · · · · · · · · · · · · · · · · ·	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	*
Restricted Common Shares	03/06/2014	A 7,673 A (1)					(1)	38,642	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exercisable		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	Numł	ber	er and Expiration Date A		Amount of I		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year) U		Underlying Security		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	vative		Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					Secur	Securities		(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	ſ						Reported	or Indirect	
						Dispo	sed						Transaction(s)	(I)	
						of (D)	)						(Instr. 4)	(Instr. 4)	
						(Instr. 3,									
						4, and 5)									
											Amount				
								Data	Expiration		or				
								Date Expire Exercisable Date		Title 1	Number				
								Exercisable	Isable Date		of				
				Code	V	(A)	(D)				Shares				

## **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	03/10/2014
**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) The restrictions on the shares shall vest equally over a 3 year period.

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.