| FORM 4 | 4 |
|--------|---|
|--------|---|

| Ch | eck this box if no |
|-----|---------------------|
| lon | ger subject to |
| Sec | ction 16. Form 4 or |
| For | m 5 obligations |
| ma | y continue. See |
| Ins | truction 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) | | r | | | | | | | | |
|--|---|--|-------------|-------------|-----------|--|--|--------------------------|--|-------------------------|
| 1. Name and Address of Reporting Per SZAFRANSKI RICHARD | 2. Issuer Name ar CORPORATE TRUST [OFC] | | | 0. | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director10% Owner Officer (give title below)Other (specify below) | | | | |
| (Last) (First) 6711 COLUMBIA GATEWA DRIVE, SUITE 300 | 7 | 3. Date of Earliest 7 05/07/2015 | Fransactior | n (Mo | onth/Day/ | Year) | | | | |
| (Street) COLUMBIA, MD 21046 | 4. If Amendment, I | Date Origin | al Fi | led(Month/E | 0ay/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) (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2A. Deemed Execution Date, if any | Code (Instr. 8) | ction | 1 | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: | Beneficial | |
| | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Shares (deferred) | 05/07/2015 | | А | | 3,007 | А | (1) | 16,494 | 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

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|----------|--|--|---|------|---|---|--|--|--------------------|-----------------------|--|--------------------------------------|--|--|--|
| Security | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and | ther trative trities ired r osed) . 3, | 6. Date Exer and Expirati (Month/Day | on Date /Year) | Amor Unde Secur | unt of rlying | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| SZAFRANSKI RICHARD 6711 COLUMBIA GATEWAY DRIVE SUITE 300 COLUMBIA, MD 21046 | Х | | | | | | |

Signatures

 Karen M. Singer, by Power of Attorney
 05/11/2015

 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 deferred shares were granted as part of annual trustee compensation and will vest in one year from the grant date.

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.