FORM 4

(Print or Type Pecnonces)

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

| Name and Address of Reporting Person* Mifsud Anthony | | | | 2. Issuer Name and Ticker or Trading Symbol CORPORATE OFFICE PROPERTIES TRUST [OFC] | | | | | | Direc | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) EVP and CFO | | | | | | |
|--|---------------|--------------------------------------|--|---|---|---------------|--|------------|-------------------------------|---|---|--|--|---------------|--|---|-------------|
| (Cast) (First) (Middle) 6711 COLUMBIA GATEWAY DRIVE, SUITE 300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018 | | | | | | | | | | | | | |
| (Street) COLUMBIA, MD 21046 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Form fi | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | quired, Disp | ired, 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) | | f Code (Instr. 8) | | ction | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securition Beneficially Owned F Reported Transaction (Instr. 3 and 4) | | Following (s) | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | ode | V | Amoun | (A) or (D) | Pric | Ì | anu 4) | | or Indirect (I) (Instr. 4) | |
| Common | Shares | | 03/05 | 5/2018 | | | | F | | 765 | D | \$ 25.3 (1) | 1 55,237 | | | D | |
| Reminder: | Report on a s | separate line fo | or each | class of secur | ities b | eneficially o | wned | direc | | | | | | | | ano | |
| | | | | | | | | | con | tained i | n this f | orm a | to the colle are not requently valid | uired to re | spond unle | ess | 1474 (9-02) |
| | | | | | | ative Securi | | | | | | | ially Owned | l | | | |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transactio Date (Month/Day/ | Execution Da Year) any | | (Year) 4. 5. Number Code (Instr. 8) Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3) 4, and 5 | | vative rities nired or osed 0) r. 3, | and (Mo | Date Exer Expirationth/Day | on Date | A U Se | Title and mount of nderlying ecurities nstr. 3 and | unt of criying rities : 3 and Derivative Security (Instr. 5) Derivative Securities Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | Owners Form o Derivat Security Direct (or Indir | ive Ownershi (Instr. 4) D) ect | |
| | | | | | | Code V | (A) | (D) | Dat Exe | - | Expirat Date | ion Ti | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|-------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Mifsud Anthony 6711 COLUMBIA GATEWAY DRIVE SUITE 300 COLUMBIA, MD 21046 | | | EVP and CFO | | | |

Signatures

| David L. Finch, by Power of Attorney | 03/06/2018 |
|--------------------------------------|------------|
| | |

| **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 laspsing 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.