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

DRIVE, SU	UMBIA (HEN E (First) GATEWA	(Middle)	CORI TRUS	PORAT					mbol		5	. Relation	nship of Rep	orting Person	` /	r	
6711 COLU DRIVE, SU	UITE 300	GATEWA	· · · · · · · · · · · · · · · · · · ·		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 X Officer (give title below) Other (specify below)						
COLUMBI			(Kast) (First) (Middle) 6711 COLUMBIA GATEWAY DRIVE, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 03/08/2018							P.	resident & C	EO		
	IA, MD 2	(Street) COLUMBIA, MD 21046				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)		(State)	(Zip)		-	Гable	I - No	n-De	rivative	Securit	ies Ac	quir	uired, Disposed of, or Beneficially Owned					
1.Title of Sect (Instr. 3)	curity		2. Transaction Date (Month/Day/Year)	any	med on Date, i Day/Year	f Coc (Ins		v	4. Secur (A) or D (Instr. 3,	(A) or	of (D))	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following (s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares 03/08/2018		03/08/2018				P		800 A \$ 25.90		005	5 102,442		D					
Reminder. Re	port on a si	eparate fine i	for each class of secu Table II -	Derivati	ve Secur	ities A	Acquir	Per con the	sons what ained in form disposed	no responding this is splays	form a cui Benefic	are irrent	not requ tly valid		ormation pond unle rol number	ss	1474 (9-02)	
(Instr. 3) Pr	Conversion	3. Transaction Date (Month/Day)	Execution D	ate, if Track Converse (In	ransaction	5. Num of Deri Secu Acq (A) Disp of (I (Ins 4, an	nber ivative urities urited or cosed D) tr. 3, nd 5)	6. I and (Mo	Date Exer Expirati Expirati Onth/Day	cisable on Date	tion	7. Titl Amou Jnder Secur Instr.	le and unt of rlying ities . 3 and Amount or Number of Shares		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BUDORICK STEPHEN E 6711 COLUMBIA GATEWAY DRIVE SUITE 300 COLUMBIA, MD 21046			President & CEO				

Signatures

David L. Finch, by Power of Attorney	03/08/2018
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).

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.