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

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

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 Type Responses)											
Name and Address of Reporting Person Mifsud Anthony	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) EVP and CFO			
(Last) (First) (Mid 6711 COLUMBIA GATEWAY DRIVE, SUITE 300	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2020										
(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 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. Transac (Month/Da	y/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Co (Instr. 8)	v V	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Amount (A) or (D) Price			Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Shares	03/01/20	20		F		824	D	\$ 25.34 (1)	51,225	D	
Common Shares 03/01/202				F		1,406	D	\$ 25.34 (1)	49,819	D	
Reminder: Report on a separate line for each class of securities beneficially or	wned directly or	indirectly.							information contained in this form are not required to ntly valid OMB control number.	SEC	1474 (9-02)

(e.g., puts, calls, warrants, options, convertible securities)															
(Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transaction (Instr. 8)		Securities Acquired (A) or				,		Derivative Security (Instr. 5)	Securities Form of Beneficially Derivati	Ownership Form of Derivative	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s)	Security: Direct (D) or Indirect (I) (Instr. 4)	` '
Profit Interest Units	<u>(2)</u>	03/01/2020		A		13,513 (3)		(2)(4)	(2)(4)	Common Shares	13,513	\$ 0	24,176	D	

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	03/03/2020
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.
- Each Profit Interest Unit will convert automatically into one share of beneficial interest, designated as a unit (an "OP Unit"), in Corporate Office Properties, L.P. when such Profit Interest Unit becomes vested and upon equalization of its capital account balance. OP Units are redeemable common shares of Corporate Office Properties Trust, currently on a one-for-one basis.
- (3) Represents Profit Interest Units issued pursuant to the Corporate Office Properties Trust 2017 Omnibus Equity and Incentive Plan.
- (4) The Profit Interest Units will vest in three equal installments over a three-year period.

Remarks:

This form amends the report to (i) remove an award of securities erroneously reported as restricted shares on Table I and update the total amount of securities beneficially owned following the reported transaction and (ii) report such awar

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.