#### FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours 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

(Print or Ty	pe Responses	s)														
1. Name and Address of Reporting Person* Owens Raymond Lee				2. Issuer Name and Ticker or Trading Symbol CORPORATE OFFICE PROPERTIES TRUST [OFC]							TZLI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director				
(Last) (First) (Middle) 6711 COLUMBIA GATEWAY DRIVE, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 05/13/2021												
(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 Acqu							ies Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)				2A. Deemed Execution Date, if ) any (Month/Day/Year)		re, if Co	(Instr. 8)		4. Securities Ac (A) or Disposec (Instr. 3, 4 and 3) (A) or Amount (D)		or Own	5. Amount of Securities Owned Following Repor Transaction(s) (Instr. 3 and 4)		ted C F D O.	wnership of orm: Be irect (D) Or Indirect (In	eneficial wnership
								contai form d	ned in lisplay	this fo s a cu , or Be	rrently vali eneficially O	t require d OMB c	d to respo	nd unless th		74 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year	on 3A. Deemed Execution Date,	4. 5. Transaction of Code Do Action (ADD) of Code Do Code Action (ADD) of Code (Instr. 8) See Action (ADD) of Code (Instr. 8)		5. Num	nber tive ties ed	6. Date E and Expir	Exercisable biration Date (Day/Year)		7. Title and of Underlyi Securities (Instr. 3 and	ng		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisal		iration e	Title	or Number of Shares				
Profit Interest	<u>(1)</u>	05/13/2021		A		3,416		(1)(2)	1	(3)	Common Shares	3,416	<u>(4)</u>	3,416	D	

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Owens Raymond Lee 6711 COLUMBIA GATEWAY DRIVE SUITE 300 COLUMBIA, MD 21046	X						

## **Signatures**

David L. Finch, by Power of Attorney	05/17/2021
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).
- 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
- (1) Interest Unit becomes vested and upon equalization of its capital account balance. OP Units are redeemable for cash, or, at the option of Corporate Office Properties Trust, exchangeable for common shares of Corporate Office Properties Trust, currently on a one-for-one basis.
- (2) The Profit Interest Units will vest on the first anniversary of the grant date, provided that the reporting person remains a trustee on such date.
- (3) The Profit Interest Units do not expire once vested.
- (4) Issued as compensation for service on the Board of Trustees.

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.