FORM 4

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

| OMB APPR | OVAL | |
|--------------------|--------|-----|
| OMB Number: | 3235-0 | 287 |
| 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------------|----------|--|--|---|-----------------------|--------------------------|--|---------------------------|---|----------------------------|--|--|--|--|-----------|--|-------------------|--|
| 1. Name and Address of Reporting Person* DENTON ROBERT L | | | | CO | 2. Issuer Name and Ticker or Trading Symbol CORPORATE OFFICE PROPERTIES TRUST [OFC] | | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below) | | | | | | |
| (Last) (First) (Middle) 6711 COLUMBIA GATEWAY DRIVE, SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2021 | | | | | | | | | | | | | | | |
| (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 Acqui | | | | | | | | Cquir | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | ecurity | | Date | h/Day/Year) | Execu any | eemed tion Date, h/Day/Yea | if C | . Tran Code Instr. | 8) | on V | 4. Securi or Dispos (Instr. 3, | sed of | (D) 5) | rice | A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of I Ber Ow | Nature Indirect neficial mership str. 4) |
| COPT - 0 | Common S | Shares | 05/26 | 5/2021 | | | | S | | | 3,986 | D | \$ 27.2 | 2837 | 3,416 | | | D | | |
| Reminder: 1 | Report on a s | separate line | for each | | Deriv | ative Secu | ıritie | es Aco | l d t | Per con the d, I | rsons whatained in form dis | no res n this splays | form a cu Benef | n are urren ficiall | not requ tly valid | ction of inf iired to res OMB cont | pond unle | ss | C 147 | 4 (9-02) |
| 4 500 | | l | | | | outs, calls, | | | | | | | | | | 0.71.0 | 0.37 | 2 4 2 | | 44.37 |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transact Date (Month/Da | | any | demed tion Date, if Code Transaction Code (Instr. 8) Mumber Code Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Amor Unde Secur | : 3 and | 8. Price of Derivative Security (Instr. 5) Beneficial Owned Followin, Reported Transacti (Instr. 4) | | Ownership Form of Derivative Security: Direct (D) or Indirect | | Beneficia Ownershi (Instr. 4) | | | | | | | |
| | | | | | | Code | V | (A) | | Dat Exe | te ercisable | Expira Date | ntion | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| DENTON ROBERT L 6711 COLUMBIA GATEWAY DRIVE SUITE 300 COLUMBIA, MD 21046 | X | | | | | | |

Signatures

| David L. Finch, by Power of Attorney | 05/27/2021 |
|--------------------------------------|------------|
| **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).

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.