## Edgar Filing: BARNELLO MICHAEL D - Form 4

BARNELLC	MICHAEL	D										
Form 4												
July 05, 201										PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION												
				hington,			.02.0	01111111001011	Number:	3235-0287		
Check the if no long	ar			0	8,					January 31,		
subject to		EMENT O	F CHAN		S IN BENEFICIAL OWNERSHIP OF				Expires: 2005 Estimated average			
	Section 16.				ITIES				burden hours per			
Form 4 o Form 5		nursuant to	Section 1	S(n) of the	- Soouriti	oc Ex	cohongo	response ge Act of 1934,				
obligation	ns Section	*					U	1935 or Section	1			
may cont	inue.			•	•	• •			L			
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person _ 2. Issuer Name and Ti					Ticker or 1	icker or Trading 5. Relations			ip of Reporting Person(s) to			
	O MICHAEL	-	Symbol	Name and Ticker or Trading				Issuer				
				Hotel Properties [LHO]				(Chaok all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Cneck	heck all applicable)				
			(Month/D	ay/Year)				_X_ Director10% Owner				
C/O LASALLE HOTEL 06/30/20				011				XOfficer (give title Other (specify below) below)				
PROPERTIES, 3 BETHESDA METRO CENTER, SUITE 1200								President and CEO				
METRUCE		E 1200										
				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mont				th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
BETHESDA, MD 20814				For					orm filed by More than One Reporting			
(City)	(State)	(Zip)										
	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficiall	•		
1.Title of	2. Transaction		1					5. Amount of Securities	6. Ownership	7. Nature of Indirect		
Security (Month/Day/Year) Execution I (Instr. 3) any			on Date, n	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct Beneficia			
(Month/Day/Yea				(Instr. 8)				Owned	(D) or	Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A) or		Transaction(s)	. ,			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common							¢.					
Shares of	06/30/2011			F	23,738	D	\$	234,493	D			
Beneficial Interest							26.34					
interest												

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## Edgar Filing: BARNELLO MICHAEL D - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
BARNELLO MICHAEL D C/O LASALLE HOTEL PROPERTIES 3 BETHESDA METRO CENTER, SUITE 1200 BETHESDA, MD 20814	Х		President and CEO			
Signatures						
/s/ Bruce A. Riggins, as Attorney-in-Fact for Mic	hael D.					
Barnello		(	07/05/2011			
**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.