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Thomas Johr Form 4												
FORN	1 1	D STATE	S SECUR	ITIES	A	ND EXC	THAN	NGE (COMMISSION		PPROVAL	
						D.C. 205				OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 3 200 Estimated average burden hours per response 0		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section										
(Print or Type F	Responses)											
Thomas John T Sy			Symbol	2. Issuer Name and Ticker or Trading Symbol Physicians Realty Trust [DOC]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					k all applicable	all applicable)			
(Mo			(Month/D	(Month/Day/Year) 12/28/2017					X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO			
	(Street)				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MILWAUK	EE, WI 53202	2							Form filed by N Person			
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Aco	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed on Date, if /Day/Year)	Code (Instr.	8)	4. Securi nAcquirec Disposec (Instr. 3,	l (A) c l of (D 4 and (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common shares, \$0.01 par	12/28/2017			Code G		Amount 2,000	(D) D	Price \$ 0		D		
value												

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

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Thomas John T 309 N. WATER STREET, SUITE 500 MILWAUKEE, WI 53202	Х		President and CEO					
Signatures								
/s/ Christopher M. Bartoli, as attorney-in-fact		12	2/29/2017					
<u>**</u> Signature of Reporting Person	L		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).

Since the date of the reporting person's last ownership report, the reporting person transferred 7,703 shares to his former spouse pursuant to a domestic relations order. The reporting person no longer reports as beneficially owned any securities owned by his former spouse. Additionally, includes 1,334 shares acquired under the Issuer's Employee Stock Purchase Plan on June 30, 2017 and the performance

(1) share units award granted under the Issuer's 2013 Equity Incentive Plan on March 3, 2017, which 60,606 shares represents the "target" number of shares underlying the performance share units outstanding. The exact number of shares to be issued upon vesting depends upon, among other things, the Issuer's financial performance. Subject to continued service, the shares, if any, will be issued following the performance period end date of December 31, 2019.

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.