FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Fatimated augrees burden									

37 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	on 30(h) o	of the	Investment	Con	npany Act	of 1940								
1. Name and Address of Reporting Person* FISHER JEFFREY H					2. Issuer Name and Ticker or Trading Symbol Chatham Lodging Trust [CLDT]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FISHE	K JEFFK	EY H						-0-	0	_				2	X Directo	r		10% Ow	/ner	
(Last)	(F	irst)	(Middle)				· - · · ·							_ 2	Officer below)	(give title		Other (s below)	pecify	
222 LAKEVIEW AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017									Chairman, President and CEO					
SUITE 2	00																			
(Street)	AI.M				4. If	f Amer	ndment, [Date (of Original F	iled	(Month/Da	ay/Year)		Line)	·		(Check App		
BEACH	F)	L	33401													led by Mor	•	rting Persor One Repor		
(City)	(S	itate)	(Zip)																	
		Tak	ole I - Noi	n-Deriva	ative	Sec	curities	s Ac	quired, [Disp	osed o	f, or E	3ene	ficiall	y Owned	1				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution [Code (In	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4				es Formally (D) (Following (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	Reported Transact (Instr. 3	action(s)			(iiisti. 4)	
			Table II -						uired, Di s, options						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Ti	ransa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	OI N Of	umber						
LTIP	(1)	03/01/2017			Α		43,935		(1)	T	(1)	Comm	on 4	3.935	\$0 ⁽¹⁾	278,90	5	D		

Explanation of Responses:

1. 1. Represents restricted units of limited partnership interest ("LTIP Units") in Chatham Lodging, L.P. (the "Operating Partnership"), of which the Issuer is the general partner, granted to the reporting person on March 1, 2017. Vested LTIP Units, upon achieving parity with the Operating Partnership units pursuant to the terms of the Operating Partnership's limited partnership agreement, may be exchanged at any time at the election of the holder for Operating Partnership units on a one-for-one basis or, at the Issuer's option, an equivalent amount of cash. One-third of the reporting person's LTIP Units vest on each of the first three anniversaries of the date of grant, subject to the reporting person's continued employment with the Issuer. Prior to vesting, the holder is entitled to receive distributions on the LTIP units. The LTIP Units were issued pursuant to the Issuer's Equity Incentive Plan and have no expiration dates.

Remarks:

Units⁽¹⁾

by Dennis M. Craven, as attorney-in-fact

Shares

03/02/2017

** Signature of Reporting Person

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

- * 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.

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 Number.