FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

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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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* FISHER JEFFREY H (Last) (First) (Middle) 50 COCOANUT ROW, SUITE 216				3. D	2. Issuer Name and Ticker or Trading Symbol Chatham Lodging Trust [CLDT] 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2015									5. Relationship of Reportin (Check all applicable) X Director X Officer (give title below) Chairman, Pro				10% C Other (below)	wner (specify	
(Street) PALM BE	ЕАСН Б	L :	33480 (Zip)		4. If	Ame	endment	, Date o	of Original Filed (Month/Day/Year)							Forn	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son			
4 7:4140			le I - Noi			_			quired,	Dis	1						ed ount of	6 0	manahin l	7. Nature
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.						4 and Secur Benef Owne		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D)		Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Shares 06/05/				5/2015	2015		P		10,000 A		A	\$	27	678,896			D			
Common Shares																	100		I	by Jeffrey H. Fisher Marital Trust
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) if any (Month/Day/Year) ve		Transa Code (6. Date E Expiratio (Month/D	•	Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Medical Properties of Amount or Number of Security (Instr. and Instr. and Instruction and		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Oi Fo Di (I)	D. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

by Dennis M. Craven, as attorney-in-fact 06/08/2015

** Signature of Reporting Person Date

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.