FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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Washington	D.C. 2	0549	

OMB APPROVAL									
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction	10.																			
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol Chatham Lodging Trust [ CLDT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Perlmutter Robert D			CIR	Chamain Loughig Trust [ CLD1 ]									✓ Director				10% O	wner			
(Last) 222 LAK	(F	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025									officer elow)	r (give title )		Other (sbelow)	specify			
SUITE 200																					
					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line)  ✓ Form filed by One Reporting Person					nn	
WEST P. BEACH	ALM F	3	3401												F	Form filed by More than One Reportin					
- DEFICIT															Р	ersor	n				
(City)	(S	tate) (2	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally O	wne	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)				Execution (y/Year) if any		ution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3,				nd See Bei Ow	Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)		Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Shares <sup>(1)</sup> 01/15				01/15/2	/2025				Α		14,772	1	A	\$9.	14	108,662			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
											onvertib										
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, ecurity   or Exercise   (Month/Day/Year)   if any			Transaction of Code (Instr. Deriva		rative rities rired r osed )	6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		3		erivative ecurity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Oi Oi Oi (i)	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount mber ires							

## **Explanation of Responses:**

1. Represents a grant of 14,772 common shares to the reporting person on January 15, 2025 as payment for serving on the board of trustees of Chatham Lodging Trust (the "Company") in 2024. The share grant comprises the share-based portion of the Company's previously disclosed annual compensation to its trustees for fiscal year 2024. Reporter elected to receive 100% of his annual base fee in shares. Per-share value is the average of the closing prices for the Company's common shares on the New York Stock Exchange for the last ten trading days of 2024.

## Remarks:

/s/ Dennis M. Craven, as Attorney in Fact \*\* Signature of Reporting Person

01/16/2025

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.