FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028	
OTATEMENT OF STIANGES IN BENEFICIAL STINENSTIN	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

1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		on Date,	Transaction of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y D (I	0. Iwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Common Shares 03/17/2						2023	23 P 1,000 A		\$9.9	97 9	98,943		D					
								,	Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			ction 2A. Deemed Execution Date,			3. 4. Securitie Transaction Disposed C Code (Instr. 5)			s Acquire	d (A) or	5. Amount of 4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
(City)		(State)	(2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
(Street) WEST P BEACH	FI 33401				X Form filed by One Report Form filed by More than Person									•	•			
SUITE 2	200					4. If Ar	mendi	ment, Date o	f Origina	l Filed	(Month/Da	y/Year)	6. Lir	ne)	r Joint/Grou		`	·
(Last)		(First)	`	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/17/2023							belov	Officer (give title below) EVP & Chief Ope		Other (s below) ing Office	`
Name and Address of Reporting Person* CRAVEN DENNIS M					2. Issuer Name and Ticker or Trading Symbol Chatham Lodging Trust [CLDT]								5. Relationship of Reporti (Check all applicable) Director			10% Ov	vner	

Explanation of Responses:

Remarks:

Dennis M. Craven

Title

Expiration Date

03/20/2023

** Signature of Reporting Person

Amount or Number

Shares

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).

Code

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.

(A) (D) Date

Exercisable