FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Г |                          |              |  |  |  |  |  |  |  |  |  |
|---|--------------------------|--------------|--|--|--|--|--|--|--|--|--|
|   | OMB APP                  | OMB APPROVAL |  |  |  |  |  |  |  |  |  |
| ı |                          |              |  |  |  |  |  |  |  |  |  |
| l | OMB Number:              | 3235-0287    |  |  |  |  |  |  |  |  |  |
| l | Estimated average burden |              |  |  |  |  |  |  |  |  |  |
| l | hours per response       | : 0.5        |  |  |  |  |  |  |  |  |  |

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

## 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. Name and Address of Reporting Person*  HAVERSTICK H RICHARD JR |  |       |      |   |  | 2. Issuer Name and Ticker or Trading Symbol BRANDYWINE REALTY TRUST [ BDN ]  |        |  |                  |   |  |   |  | (Check all ap<br>X Dire<br>Offic                            |  | blicable)<br>tor<br>er (give title                             | ting Person(s) to 10% O Other (                                   |   |  |
|---|--|-------|------|---|--|--|--------|--|------------------|---|--|---|--|---|--|--|---|---|--|
| (Last) (First) (Middle) 2929 ARCH ST.                             |  |       |      |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023  |        |  |                  |   |  |   |  |   | belov  | v)   |   | below)                                  |  |
| SUITE 1800  |  |       |      |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |        |  |                  |   |  |   | ır)  | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |   |   |  |
| (Street) PHILADELPHIA PA 19104                                    |  |       |      |   |  |  |        |  |                  |   |  |   |  | X   | X Form filed by One Reporting Person Form filed by More than One Reporting Person                                  |  |   |   |  |
| (City) (State) (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. |        |  |                  |   |  |   |  |   |  |  | ended to  |   |  |
|   |  | Table | - No | n-Deriva                                | tive Se  | ecur   | rities | Acq  | uired,           | Dis                                     | posed of   | f, or l                                 | Benef                                      | iciall  | y Owr  | ned  |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)     |  |       |      | //Year)                                 | Exec<br>if any   | Deemed<br>cution Date,<br>y<br>oth/Day/Year)   |        | Transaction Disposed Code (Instr. 5)                           |                  | ties Acquired (A<br>l Of (D) (Instr. 3, |  | , 4 and Secur<br>Bene<br>Owne<br>Follow |  | cially<br>I<br>ing  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)   |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|   |  |       |      |   |  |  |        | Code   | v                | Amount                                  | (A)  | ) or Pr                                 | ice  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)              |  |  |   |   |  |
| Common Shares of Beneficial Interest <sup>(1)</sup> 05/25/2       |  |       |      |   |  | 2023   |        |  | A                |   | 31,165   | 1                                       | A \$                                       | 0.00  | 80,649   |  | D   |   |  |
|   |  | Tab   |      | Derivativ                               |  |  |        |  |                  |   |  |   |  |   | Owne   | d  |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)               | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any |       |      | 4.<br>Transaction<br>Code (Instr.<br>8) |  |  |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                  |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and 4 |   | 8. Price of Derivative Security (Instr. 5) |   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4 |   | Beneficial<br>Ownership<br>t (Instr. 4) |  |
|   |  |       |      |   | Code   | v  | (A)    | (D)  | Date<br>Exercisa | able                                    | Expiration<br>Date   | Title                                   | Amour<br>or<br>Number<br>of<br>Shares      | er  |  |  |   |   |  |

## Explanation of Responses:

1. These shares reflect the \$115,000 Annual Trustee share award, the number of shares of which is calculated based upon a closing price on 05/25/2023 of \$3.69. Shares vested immediately upon grant.

## Remarks:

/s/ Shawn Neuman, as

Attorney-in-Fact for H.

05/26/2023

Richard Haverstick, Jr.

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.