FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							311 00(1.1)	00		00.	iipaiiy Act	0. 20		-					
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol BRANDYWINE REALTY TRUST [BDN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>DEVUONO H JEFFREY</u>				1=-	DIVIND I WINE KLALI I IKOSI [BDN]						1		Direc	ctor	10% (Owner			
												X	Office	er (give title v)	Other below	(specify			
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)								Executive Vice President					
555 EAS	T LANCAS	STER AVENUE			01/	01/15/2013								Executive vice President					
SUITE 10	00																		
JOHL	00				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable					
(0, 1)					""	4. II Amendment, Date of Original Flied (World (Ddy/fedl)									Line)				
(Street)	R PA	1	9087												X	Form	n filed by One	e Reporting Per	son
KADNO	K FF		19007													Form filed by More than One Reporting Person			
																Pers	on		
(City)	(St	ate) (Zip)																
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Ben	efici	ally	Owne	ed		
1. Title of S	ecurity (Inst	r. 3)		2. Transa	action								ount of	6. Ownership	7. Nature				
				Date (Month/E	Dav/Yea	Execution Date, if any		Transaction Disposed Of (D) (Instr. Code (Instr. 5)		. 3, 4 a			ties cially	Form: Direct (D) or Indirect	of Indirect Beneficial				
(monune				,	(Month/Day/Year) 8)					d Following	(I) (Instr. 4)	Ownership (Instr. 4)							
								Code	v	Amount	(A) or Pr		Price	Trans		action(s)		(111501.4)	
								1	Ĺ		(D) PIIC			(Instr.		3 and 4)			
Common	Shares of E	Seneficial Interes	t ⁽¹⁾	01/15	/2013		F		290 D \$		\$12	.76 115,086		D					
		Ta	hle II - C	Perivat	ive S	ecu	rities	Δcaui	ired Di	isno	sed of,	or P	Renef	iciall	v Ov	vned			
		10	(e.g., pı	uts, c	alls	, warr	ants,	option	s, c	onvertib	le s	ecuri	ties)	,	mea			
1. Title of	2.	3. Transaction	3A. Deemed		4.					6. Date Exercisable					8. Price of Derivative Security		9. Number o		11. Nature of Indirect Beneficial
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		ate, Transac Code (Ir					Expiration Date (Month/Day/Year)			Amount of Securities				derivative Securities	Ownership Form:	
(Instr. 3) Price of (Month/Day/Yea					8)	Securities		rities	es Underlying				(Instr. 5)		Beneficially	Direct (D)	Ownership		
	Derivative Security						Acquired (A) or		Derivative Security (Ins			ıstr. 3	3		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
	,					Disposed of (D) (Instr. 3, 4		sed					and 4)				Reported Transaction(s)	1,,,	
																	(Instr. 4)	(s)	
				L		ànd 5)													
				Γ							Amount								
								or Nu	mber										
	Code				v	[_(A)		Date Exercisal		Expiration Date	Title	of	ares						
				- 1	Coue	٧	(A)	ן ניין	LACICISAL	ו פוע	Dale	1	- Sh	aies	I				1

Explanation of Responses:

1. Shares redeemed to satisfy payroll taxes for restricted shares vesting on January 15, 2013.

Remarks:

/s/ Brad A. Molotsky, as

Attorney-In-Fact for H. Jeffrey 01/17/2013

<u>DeVuono</u>

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.

^{**} Signature of Reporting Person Date