## Form **8937**

(December 2011)
Department of the Treasury
Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting I	ssuer									
1 Issuer's name				2 Issuer's employer identification number (EIN)						
Brandywine Realty Trust				23-2413352						
3 Name of contact for add	ditional information	e No. of contact	5 Email address of contact							
•										
Daniel Palazzo			610-832-7411	daniel.palazzo@bdnreit.com						
6 Number and street (or F	O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contact						
555 E. Lancaster Avenue,	Suite 100	Radnor, PA 19087								
8 Date of action										
1/20/2015, 4/20/2015, 7/20/2			N STOCK	42 Assert number(s)						
10 CUSIP number 11 Serial numb		(S)	12 Ticker symbol	13 Account number(s)						
405260202			BDN							
Part II Organization	nal Action Attac	ch additional		e back of form for additional questions.						
				against which shareholders' ownership is measured for						
				DMMON SHAREHOLDERS DURING THE 2015 TAX						
				ITIONS. THESE NON-DIVIDEND DISTRIBUTIONS						
CONTRACTOR OF THE PROPERTY OF	1575		20, 2015 AND OCTOBER 19							
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	4-4-4-4-4									
				Market 1 1						
,	_			y in the hands of a U.S. taxpayer as an adjustment per						
				E REDUCED BY \$0.026151 PER COMMON STOCK ON						
	oral area	Control Control		26151 PER COMMON STOCK ON JULY 20, 2015; AND						
BY \$0.026151 PER COMM	ON STOCK ON OCT	OBER 19, 20	15.							
	100.0									
				tion, such as the market values of securities and the						
valuation dates ► <u>THI</u>	E NON-DIVIDEND D	ISTRIBUTION	IS REPRESENT DISTRIBUTI	ONS ASSOCIATED WITH THE 2015 TAX YEAR WHICH						
ARE IN EXCESS OF THE C	CURRENT YEAR AN	ID ACCUMUL	ATED EARNINGS AND PRO	FITS.						
			-20 - 3							

Par	t II		Organizati	onal Action	<b>on</b> (continu	ed)			
17							on(s) upon which the tax	treatment is based ▶	I.R.C SECTION 301(C)(2).
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							· · · · · · · · · · · · · · · · · · ·		****
18	Can	any	resulting los	s be recogni	zed? <b>▶ <u>N/A</u></b>				
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19	Prov	vide a	any other info	ormation nec	essary to im	plement the adjustm	ent, such as the reporta	able tax year ► N/A	
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		Inder	nenalties of n	eriury I declar	re that I have e	examined this return in	cluding accompanying sch	edules and statements	and to the best of my knowledge and
							n officer) is based on all inf		
Sign			$\mathcal{T}$	0	0/			. 1	-11
Here	3 8	Signat	ure 🕨 🥢	ml 1	Myn			_ Date ►'//	9/16
					NIEL PALAZZO				
	F	Print y	our name >		CHIEF ACCOL	JNTING OFFICER		Title ▶	
Paid	t		Print/Type pre	parer's name		Preparer's signat	ıre	Date	Check if PTIN
Pre	oar								self-employed
Use			Firm's name	<u> </u>					Firm's EIN ▶
Send	Form	n 80'	Firm's addres		na statemen	ts) to: Department o	f the Treasury, Internal F	Revenue Service, Oct	Phone no.
<u> </u>	. 011	., 000	- unorading		Julionion	.c, .c. Doparament 0	mododiy, internal t		J.1, J.1 J.1201 000T