FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| 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).

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* REDD WILLIAM D | | | | | | 2. Issuer Name and Ticker or Trading Symbol BRANDYWINE REALTY TRUST [BDN] | | | | | | | | | Officer (give title | | | |) to Issuer 0% Owner Other (specify | |
|--|--|------|---------------|--------|---|--|---------|---|-----------------|---|---------------------|---|---|---------|--|---|---|------------------------|---|--|
| (Last) (First) (Middle) 555 EAST LANCASTER AVENUE SUITE 100 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2017 | | | | | | | | | | X Officer (give title Officer (specify below) EVP & Senior Managing Director | | | | | |
| (Street) RADNO | R PA | | .9087 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, or | Bene | efici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | | | ay/Year) Execut | | Deemed ecution Date, ny onth/Day/Year) | | Transaction Dispose Code (Instr. 5) | | rrities Acquired (A ed Of (D) (Instr. 3, | | | nd Secu | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (, | A) or D) | Price | Trans | action(s) 3 and 4) | | | (111501.4) | |
| Common Shares of Beneficial Interest ⁽¹⁾ 02/01/ | | | | | | /2017 | | М | | 4,078 | 8 A | | \$1 | 104,129 | | D | | | | |
| Common Shares of Beneficial Interest ⁽²⁾ 02/01. | | | | | 1/2017 | | | | F | | 1,565 | 5 | D | \$1 | 16 1 | 102,564 | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owned | <u> </u> | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | of E | | Expirati | 6. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | n: ct (D) direct | Beneficial Ownership ot (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Title | Amo or Nun of Sha | | | | | | | |

Explanation of Responses:

- 1. Reflects the delivery of common shares under the reporting person's 2014-2016 Restricted Performance Share Unit Award.
- 2. Reflects common shares withheld to satisfy payroll taxes due upon delivery of common shares under the reporting person's 2014-2016 Restricted Performance Share Unit Award.

Remarks:

/s/ Jennifer Matthews Rice, as
Attorney-In-Fact for William 02/03/2017

D. Redd

** Signature of Reporting Person 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.