FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

	Check this box if no longer subject to								
\neg	Section 16. Form 4 or Form 5								
J	obligations may continue. See								
	Instruction 1(b).								

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 7											
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)						
DEVUONO H JEFFREY						DIGITIE I WHILE REFEEL I TROOT [DDIV]										Direc	ctor		10% Owner			
					-											Office	er (give title v)		Other (specify below)			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2012										F	Executive Vice President					
555 EAST LANCASTER AVENUE																	ACCULIVE	icc i icsi	iciit			
SUITE 100																						
JUILI	00				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
-					- 4. 11	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)							
(Street)															X Form filed by One Reporting Person				on			
RADNO	R PA	. 1	19087	9087											Form filed by More than One Reporting							
					-										Pers		re tnan One	кер	orting			
(City)	(C+	State) (Zip)														. 0.0						
(City)	(31	ale) (<u></u>																			
		Tabl	e I - Noi	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally C	wne	ed					
1. Title of S	Security (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)							ount of	6. Owners		7. Nature		
				Date (Month)	Day/Ves		Execution Date, if any			Transaction Dis		sposed Of (D) (Instr. 3,			4 and Secur Benef				Form: Direct (D) or Indirect	of Indirect Beneficial		
, u							(Month/Day/Year)				"				Owr		d Following	(I) (Instr. 4		Ownership		
									Code	 		(A) or Dr			Repor		ted action(s)			(Instr. 4)		
							٧	Amount		(D) Price				3 and 4)								
Common Shares of Beneficial Interest ⁽¹⁾ 04/01/							2012		F		5,479	D \$1		\$11	1.48 1		01,600	D				
Common	Office of L	cheffeldi interes		04/0	1/2012	2012			<u> </u>		3,473 D		Ψ11	.40 101,000								
		Та	ble II - [Derivat	tive S	ecu	rities	Acqu	ired, D	ispo	osed of,	or E	3enef	iciall	y Ow	ned						
			(e.g., p	uts, c	alls	, warr	ants,	option	s, c	onvertib	le s	ecuri	ties)								
1. Title of Derivative	2. Conversion or Exercise Price of	3. Transaction Date	3A. Deem		4.	4. Transaction				xerci	sable and	ble and 7. Title and Amount of			8. Price of Derivative Security		9. Number o	f 10. Owner	shin	11. Nature of Indirect Beneficial		
Security		(Month/Day/Year)	if any	Date,	Code (Ins		str. Derivative Securities		(Month/D		Securities			Securities			Form:	Silib				
(Instr. 3)			(Month/Da	ay/Year)					`				Underlying Derivative		(Instr. 5)		Beneficially Owned			Ownership		
Derivative Security								Acquired (A) or						str. 3	:		Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
						Disposed of (D) (Instr. 3, 4			and 4)							Reported	1	1 '' '				
											l					Transaction (Instr. 4)	(s)					
						and 5)										(
													Δm	ount	7							
											Expiration		or									
									Date				Nui	mber								
					Code V		(A)	(D)	Exercisa		Date	Title		ares								

Explanation of Responses:

1. Shares redeemed to satisfy payroll taxes for performance shares vesting on April 1, 2012.

Remarks:

/s/ Brad A. Molotsky, as

Attorney-In-Fact for H. Jeffrey 04/03/2012

<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