## Edgar Filing: Physicians Realty Trust - Form 4

Physicians I	Realty Trust											
Form 4	14											
May 28, 2014										OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number	3235-0287		
Check this box if no longer subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES LAW SECU									ry 31, 2005 0.5			
(Print or Type	Responses)											
1. Name and A Thompson	2. Issuer Name <b>and</b> Ticker or Trading Symbol Physicians Realty Trust [DOC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)	(First) (	Middle)	e) 3. Date of Earliest Transaction					(C				
735 N. WATER STREET, SUITE 1000			(Month/Day/Year) 05/27/2014					_X_ Director10% Owner Officer (give titleOther (specify below) below)				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
MILWAUKEE, WI 53202 Form filed by More than One Reporting Person												
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Secu	rities A	cquired, Dispose	d of, d	or Benefi	cially Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Executior any (Month/D	n Date, if	Code (Instr. 8)	4. Securi on(A) or D (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For Dire or I (I)	nership m: ect (D) ndirect tr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)	f
Common shares, \$0.01 par value	05/27/2014			P	4,000	A	\$ 12.5	32,054	Ι		By Thompso Family Investme LLC	

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

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 control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
1	Director	10% Owner	Officer	Other					
Thompson Tommy G 735 N. WATER STREET SUITE 1000 MILWAUKEE, WI 53202	Х								
Signatures									
/s/ Aaron Rice, as attorney-in-fact	05	5/28/2014							
<u>**</u> Signature of Reporting Person		Date							
Explanation of Responses:									
		т.		a					

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.