FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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

| Name and Address of Reporting Person* Owens Raymond Lee | | | | | | Pied | 2. Issuer Name and Ticker or Trading Symbol Piedmont Office Realty Trust, Inc. [PDM] | | | | | | | | | | | p of Reporting F blicable) ctor | | 10% C | wner | | |
|--|--|-------|--------|--------------------------------------|--|---------|--|---|--|---|---|--|--|---------------|--|--|--|---|---|--|---|--|--|
| (Last) | | (Firs | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2016 | | | | | | | | | belov | ficer (give title low) /P- Chief Invest | | Other (specify below) | | | |
| 11695 JOHNS CREEK PARKWAY STE. 350 | | | | | | | | | | | | | | | | | | | | | | | |
| S1E. 530 | | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| JOHNS C | DHNS CREEK GA 30097 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting | | |
| (City) | | (Sta | te) (Z | (ip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | //Year) | Execution Date, | | | 3. Transaction Disposed Of (D) (Instr. 3 and 5) | | | | | | 3, 4 Secu Bene Owne | | cially I | Forn (D) o | rect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (iiisi | . 4) | (Instr. 4) | | |
| Common Stock 04/02/20 | | | | | | | 016 | | | F | | 489(1) | | D | \$20.34 | | 75,539 | | | D | | | |
| | 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) | erivative Conversion Date Executi ecurity or Exercise (Month/Day/Year) if any | | | emed ion Date, //Day/Year) Code (In | | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instra 3 and 4) Amount or Numb of Share | | nstr. | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 0. Ownership Form: Direct (D) Or Indirect I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. In connection with the vesting of 1,464 shares of deferred stock on April 2, 2016 (representing 25% of an initial grant made on April 2, 2013), 489 shares were forfeited by the employee and delivered to the Company to satisfy tax withholding obligations.

Remarks:

/s/ Robert E. Bowers as Attomey-in-Fact for Raymond 04/05/2016 Lee Owens

** 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.