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

| 1. Name and Address of Reporting Person* WIBERG ROBERT K (Last) (First) (Middle) 11695 JOHNS CREEK PARKWAY STE. 350 | | | | | 3. Dat 02/10 | 2. Issuer Name and Ticker or Trading Symbol Piedmont Office Realty Trust, Inc. [PDM] 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2017 4. If Amendment, Date of Official Filed (Manth/Day/Year) | | | | | | | | | X | all app Direct Office below | eer (give title w) EVP-Mid A | | 10% C Other below) | Owner (specify |
|---|--|-----|---------------|--|--------------|---|--|-------|---|---|---------|-------|-------------|-------|--|---|--|--|--------------------------|---|
| (Street) JOHNS C | REEK G | | 30097 Zip) | | 7. 11 A | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Lin | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) C Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - N | lon-Deriv | ative S | Secu | rities | s Acc | uired, | Disp | posed o | f, or | Bene | ficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | y/Year) | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. and 5) | | | | | | | 5. Amount of Securities Beneficially Owned 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) | Pric | e | Repor Trans | Reported Transaction(s) | | | (11301. 4) |
| Common Stock 02/10/2 | | | | | | 017 | | | A | | 10,178 | (1) | A | \$0 | | 66,632 | | | D | |
| Common Stock 02/10/2 | | | | | 017 | | | F | | 3,421 | (2) | D | \$22 | | 63,211 | | | 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) | tive Conversion or Exercise (Month/Day/Year) Price of Derivative Security Description Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Code (li | sansaction of of Derivative Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5) | | ative rities ired rosed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | IO. Ownership Form: Direct (D) or Indirect I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Such shares were granted without restriction pursuant to the performance share component of the 2014 Long Term Incentive Compensation plan.
- 2. In connection with the grant of the unrestricted stock award (10,178 shares) on February 10, 2017, 3,421 shares were forfeited by the employee and delivered to the Company to satisfy tax withholding obligations.

Remarks:

/s/ Laura P. Moon as Attorneyin-Fact for Robert K. Wiberg

** 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.