

Becker Laurie P
Form 3
March 04, 2019

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Becker Laurie P		(Month/Day/Year)	Physicians Realty Trust [DOC]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		02/26/2019		
309 N. WATER STREET,Â SUITE 500			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
MILWAUKEE,Â WIÂ 53202			SVP-Controller	
(City)	(State)	(Zip)	6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common shares, \$0.01 par value	7,673	D	Â

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

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares		or Indirect (I) (Instr. 5)
2017 Performance Based Restricted Share Unit Grant	Â (1)	Â (1)	Common shares, \$0.01 par value 1,061	\$ (1)	D Â
2018 Performance Based Restricted Share Unit Grant	Â (2)	Â (2)	Common shares, \$0.01 par value 1,455	\$ (2)	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Becker Laurie P 309 N. WATER STREET SUITE 500 MILWAUKEE, WI 53202	Â	Â	Â SVP-Controller	Â

Signatures

/s/ Christopher M. Bartoli,
attorney-in-fact

03/04/2019

Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

(1) March 3, 2017 grant of performance share units under the Issuer's 2013 Equity Incentive Plan, which represent the "target" number of shares underlying the performance share units. The exact number of shares to be issued upon vesting depends upon, among other things, the Issuer's financial performance. Subject to continued service, the shares, if any, will be issued following the performance period end date of December 31, 2019.

(2) March 2, 2018 grant of performance share units under the Issuer's 2013 Equity Incentive Plan, which represent the "target" number of shares underlying the performance share units. The exact number of shares to be issued upon vesting depends upon, among other things, the Issuer's financial performance. Subject to continued service, the shares, if any, will be issued following the performance period end date of December 31, 2020.

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.