Edgar Filing: TRAVELCENTERS OF AMERICA LLC - Form 4

| TRAVELCENT Form 4 May 13, 2011 | TERS OF AME | RICA LLC | | | | | | | |
|---|--|---|--|------------------------|---|---|----------------------------|--|---|
| FORM 4 | л | | | | | | | OMB A | PPROVAL |
| | UNITEDS | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 |
| Check this be if no longer subject to Section 16. Form 4 or | STATEM | | GES IN BENEFICIAL OWNERSHIP SECURITIES | | | | | Expires: Estimated a burden hou response | rs per |
| Form 5 obligations may continue <i>See</i> Instruction 1(b). (Print or Type Resp | e. Section 17(a | uant to Section 1) of the Public Ut 30(h) of the In | ility Hold | ing Com | pany | Act o | f 1935 or Sectio | n | |
| (I find of Type Kes | polises) | | | | | | | | |
| 1. Name and Addr DONELAN PA | Symbol | 2. Issuer Name and Ticker or Trading Symbol TRAVELCENTERS OF AMERICA LLC [TA] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | | |
| (Last) C/O REIT MA RESEARCH L PLACE, 255 W | (Month/D AND 05/12/20 WTON | Date of Earliest Transaction /onth/Day/Year) 5/12/2011 | | | | 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 | | | | |
| NEWTON, MA | A 02458 | | | | | | Form filed by M Person | Iore than One Re | eporting |
| (City) | (State) (2 | Zip) Tabl | e I - Non-De | erivative S | Securi | ties Aco | quired, Disposed of | f, or Beneficial | lly Owned |
| | . Transaction Date Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | l (A) o l of (D |) | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common 0 Shares 0 | 05/12/2011 | | А | 7,500 | A | <u>(1)</u> | 32,500 | D | |

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.

 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) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | S | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|---|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| DONELAN PATRICK F C/O REIT MANAGEMENT AND RESEARCH LLC TWO NEWTON PLACE, 255 WASHINGTON ST. NEWTON, MA 02458 | Х | | | | | |
| Signatures | | | | | | |

Sig

/s/ Patrick F. 05/12/2011 Donelan

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).

(1) Transaction reported is grant of shares pursuant to issuer's equity compensation plan.

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.