SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549

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Section 16. Form 4 or Form 5 obligations may continue. See				ed pur	NT OF CHANGES IN BENEFICIAL OWNERSHIP ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
transac contrac the pur securit to satis conditi	chase or sale of	pursuant to a r written plan for of equity r that is intended ve defense																	
1. Name and Address of Reporting Person [*] Logan Franklin V.						2. Issuer Name and Ticker or Trading Symbol <u>Easterly Government Properties, Inc.</u> [DEA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner ✓ Officer (give title Other (specify below)				
(Last) (First) (Middle) C/O EASTERLY GOVERNMENT PROPERTIES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025									EVP, GC & Secretary					
2001 K STREET NW, SUITE 775 NORTH (Street) WASHINGTON DC 20006				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									 6. Individual or Joint/Group Filing (Check Applicable Line) ✓ Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(S	tate)	(Zip)																
		Tab	ole I - No	n-Deriv	/ative	e Se	curities	s Ac	quired, D	ispos	ed c	of, or Be	neficia	Ily Owne	d				
1. Title of Security (Instr. 3) Date (Month/D						ear)	2A. Deemo Execution if any (Month/Da	Date	Transaction Dispo Code (Instr. 5)			rities Acquired (A) o ed Of (D) (Instr. 3, 4		Benefic Owned	es For ally (D) Following (I) (Form (D) or	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	An	nount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(mou. 4)		
		-							uired, Dis s, options					y Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		if any		4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisab Expiration Date (Month/Day/Year)		ble and 7. Title and An of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)		e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expir Date	ation	Title	Amount or Number of Shares						
LTIP Units ⁽¹⁾	(2)	01/02/2025			Α		11,405		(1)(2)	(.	2)	Common Stock	11,405	\$0.00	11,40	5	D		
LTIP Units ⁽³⁾	(2)	01/02/2025			A		3,919		(2)(3)	(1	2)	Common Stock	3,919	\$0	3,919	9	D		
•	n of Respons						1			1									
The LTIP Un accordance v 2. Condition	nits, and the con with the terms of ed upon minim	Easterly Governmer nmon units of limited of the award and subjuur um allocations to the	d partnership ect to the rep capital accor	interest in orting pers unts of the	n the Op son's co ELTIP U	peratii ontinu Units	ng Partners ed employi for federal	hip (e ment. incon	ach, a "Commo ne tax purposes	on Unit' , each L	') into TIP U	which such l	LTIP Unit	s may be conv at the election	of the holde	est on I er, into a	December 31 a Common U	, 2027 in Ó Init. Each	
	er may, at its ele	on conversion of an L ection, acquire each C																	

3. Represents the maximum number of LTIP Units in the Operating Partnership granted as long-term incentive compensation pursuant to the Plan that may be earned based on the Issuer's performance through December 31, 2027. Subject to the reporting person's continued employment, earned LTIP Units will vest when earned following the end of the performance period.

<u>/s/ Franklin V. Logan</u>	01/06/2025					
** 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.