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LEXINGTO Form 4 March 14, 2	ON REALTY TRU 2014	UST									
									OMB AF	PROVAL	
FORM	UNITED	STATES			AND EX n, D.C. 2		ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check t				U					Expires:	January 31,	
if no longer subject to Section 16. Form 4 or			F CHAN		N BENEI IRITIES	FICIA	ERSHIP OF	Estimated average burden hours per response			
Form 5 obligation may con <i>See</i> Inst 1(b).	ons Section 17((a) of the l	Public U	tility Ho	olding Co	mpan	-	Act of 1934, 1935 or Section	L		
(Print or Type	Responses)										
1. Name and ROSKIND	Symbol]	5. Relationship of Reporting Person(s) to Issuer					
			LEXINGTON REALTY TRUST [LXP]					(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year)				-	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below)			
	NGTON REALT PENN PLAZA, S		03/12/2	2014			,	· · · · · · · · · · · · · · · · · · ·	Chairman		
	(Street)			endment, l nth/Day/Ye	Date Origin ear)	al	1	5. Individual or Joi Applicable Line)			
NEW YOR	RK, NY 10119						-	X_ Form filed by Or Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non	-Derivativ	e Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)				
_				Code V	Amount		Price	(Instr. 3 and 4)			
Common Shares	03/12/2014			S	20,000	D	\$ 11.25 (1)	745,437 <u>(4)</u>	D		
Common Shares	03/13/2014			S	20,000	D	\$ 11.2434 (2)	725,437	D		
Common Shares								60,729	I	By the LCP Group L.P. ⁽³⁾	

		Ũ	U					
Common Shares					60,807			By Wife
Reminder: F	Report on a sep	parate line for each cla	ass of securities benef	icially own	ed directly	or indirectly.		
					ns who re ation cor ed to resp ys a curre er.	e not (
			ative Securities Acq puts, calls, warrants	· · ·		r Beneficially Owned e securities)		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)		4. Transactio Code (Instr. 8)	5. orNumber of Derivativ	6. Date Exercisable and Expiration Date (Month/Day/Year) e	7. Title and Amount of Underlying Securities	8. Price of Derivative Security (Instr. 5)

Securities

Acquired

Disposed

(Instr. 3, 4, and 5)

Date

Exercisable Date

(A) or

of (D)

Code V (A) (D)

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Reporting Owners

Derivative

Security

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
ROSKIND E ROBERT C/O LEXINGTON REALTY TRUST 1 PENN PLAZA, SUITE 4015 NEW YORK, NY 10119	Х		Chairman				
Signatures							
E. Robert Roskind, by Joseph S. Bonve A.I.F.	entre, 03/14/2014						
**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).

The price reported is an average price. These shares were sold in multiple transactions at prices ranging from \$11.21 to \$11.27, inclusive. The reporting person undertakes to provide to Lexington Realty Trust, any security holder of Lexington Realty Trust, or the staff of the

(1) The reporting person undertakes to provide to be anglori relative inder on beam of the start of the start

of

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(Instr. 3 and 4)

Amount or

of

Shares

Expiration Title Number

9. Nt

Deriv Secur Bene

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The price reported is an average price. These shares were sold in multiple transactions at prices ranging from \$11.195 to \$11.30,

- (2) inclusive. The reporting person undertakes to provide to Lexington Realty Trust, any security holder of Lexington Realty Trust, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price with the range set forth in this footnote.
- (3) Reporting person disclaims ownership of the reported securities except to the extent of his pecuniary interest therein.
- (4) Form 4 filed on 12/31/13 has a typographical error in Table I Column 5, for the first transaction row "706,673" should be "706,637".

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.