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City Office REIT,	Inc.										
Form 4 February 20, 2015	5										
									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box if no longer subject to STATEMENT OF CHANG					RITIES	Estimated burden hou response	Estimated average burden hours per response 0.8				
See Instruction 1(b).		30(h)	of the Iı	nvestment	Compar	ny Act of 1	940				
(Print or Type Respon	ises)										
1. Name and Address of Reporting Person $\frac{*}{2}$ Flatt William R			2. Issuer Name and Ticker or Trading Symbol City Office REIT, Inc. [CIO]			5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) ONE PRUDENTIAL PLAZA,, 130 E. RANDOLPH ST. STE 1100			3. Date of Earliest Transaction (Month/Day/Year) 10/17/2014			10]	(Check all applicable)				
						X_ Director 10% Owner Officer (give title Other (specify below) below)					
Fi			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 Form filed by More than One Reporting					
CHICAGO, IL 60	0601						Person		· · · · · · · · · · · · · · · · · · ·		
(City) (S	State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	nsaction Date h/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Insu: 5 and 4)				
Reminder: Report on	a separate line	for each cla	ass of sec	urities bene	ficially own	ned directly o	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)					(Inst
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0	10/17/2014		А	26.52	(2)	(2)	Common Stock	26.52 (1)	\$
Restricted Stock Units	\$ 0	01/16/2015		А	27.85	(2)	(2)	Common Stock	27.85 (1)	\$

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Flatt William R ONE PRUDENTIAL PLAZA, 130 E. RANDOLPH ST. STE 1100 CHICAGO, IL 60601	Х				
Signatures					

/s/ William Flatt 02/20/2015

**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) Vested shares will be delivered to the reporting person promptly upon vesting of the related restricted stock units.

 The units shall vest in three substantially equal installments on each of the first three annual anniversaries of the initial Grant Date
 (August 27, 2014), generally subject to the Participant's continued employment with the Advisor through each applicable vesting date. The additional units shall vest on the same date that the underlying unit in respect of which each additional unit was issued, vests.

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.