

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)	
LASALLE HOTEL PROPERTIES		36-4219376	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
MR. KENNETH D. SHOOP	(301) 941-1500	kshoop@lasallehotels.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact		7 City, town, or post office, state, and Zip code of contact	
3 BETHESDA METRO CENTER; SUITE 1200		BETHESDA, MD 20814	
8 Date of action		9 Classification and description	
01/15/2011, 04/15/2011, 07/15/2011, 10/15/2011		COMMON STOCK	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
517942108		IHO	

Part II **Organizational Action** Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► LASALLE HOTEL PROPERTIES DISTRIBUTED QUARTERLY CASH DISTRIBUTIONS TO ITS COMMON SHAREHOLDERS FOR THE 2011 TAX YEAR. A PORTION OF THESE DISTRIBUTIONS REPRESENT A NON-DIVIDEND DISTRIBUTION. THESE DISTRIBUTIONS WERE PAID ON JANUARY 14, 2011, APRIL 15, 2011, JULY 15, 2011, AND OCTOBER 14, 2011.

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► **THE BASIS OF THE COMMON SHARES SHOULD BE REDUCED BY 73.8424% OF THE TOTAL DISTRIBUTION RECEIVED.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► THE NON-DIVIDEND DISTRIBUTION (RETURN OF CAPITAL) REPRESENTS DISTRIBUTIONS ASSOCIATED WITH THE 2011 TAX YEAR WHICH ARE IN EXCESS OF THE CURRENT YEAR AND ACCUMULATED EARNINGS AND PROFITS.

Part II **Organizational Action** (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► I.R.C. SECTION 301(c)(2)

18 Can any resulting loss be recognized? ► N/A

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► N/A

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature ►	Kenneth D. Shoop	Date ►	1/17/2012	
Print your name ► KENNETH D. SHOOP		Title ► CAO			
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER NELSON	Preparer's signature Christopher Nelson	Date 1/17/12	Check <input type="checkbox"/> if self-employed	PTIN PXXXXXXXXX
	Firm's name ► KPMG LLP			Firm's EIN ►	XX-XXXXXXX
	Firm's address ► 1676 INTERNATIONAL DRIVE; MCLEAN, VA 22102			Phone no.	703-286-8000