Edgar Filing: Equity Commonwealth - Form 4

Equity Comm	nonwealth											
Form 4	015											
January 30, 2												
FORM	4 _{UNITEI}	UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
		Washington, D.C. 20549					Number:	3235-0287				
Check thi										January 31,		
if no long subject to	NIA IH	CMENT O	F CHANGES IN BENEFICIAL OWN					NERSHIP OF	Expires: Estimated a	2005 Iverage		
	Section 16. SECURITIES								burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								response 0.5		
obligation	18 Section 1'			· · ·			0	1935 or Section	n			
may conti See Instru	nue.			•		•			-			
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).												
(Duint an Tana D)											
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *2. IssuMARKMAN ADAM SCOTTSymbol				2. Issuer Name and Ticker or Trading mbol				5. Relationship of Reporting Person(s) to				
								Issuer				
	Equity C	Equity Commonwealth [EQC]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction									
	V			(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
C/O EQUITY 01 COMMONWEALTH, TWO			01/28/20	01/28/2015				below) below)				
NORTH RIVERSIDE PLAZA,												
SUITE 600												
(Street)			4. If Amen	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed				iled(Month/Day/Year)				Applicable Line)				
CHICAGO, IL 60606								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
CHICAGO,	IL 00000							Person				
(City)	(State)	(Zip)	Table	I - Non-De	rivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I			3.			-	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ar) Execut any	ion Date, if	Transaction(A) or Disposed of Code (D)			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
			(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common						. ,				See		
Shares of	01/28/2015			А	16,140	А	\$0	79,355	Ι	Footnote		
Beneficial					.,	·	, 2	,		<u>(1)</u>		
Interest												

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
MARKMAN ADAM SCOTT C/O EQUITY COMMONWEALTH TWO NORTH RIVERSIDE PLAZA, S CHICAGO, IL 60606	SUITE 600			EVP & CFO			
Signatures							
/s/ Orrin S. Shifrin, attorney-in-fact	01/30/2015	5					
<u>**</u> 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) These shares are held by The Adam and Sarah Markman Trust, of which the reporting person is the co-trustee and a beneficiary.

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.