## Edgar Filing: DCT Industrial Trust Inc. - Form 4

DCT Industri	al Trust Inc.											
Form 4												
May 20, 2016	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO									PPROVAL			
							COMMISSION	OND	3235-0287			
Check this	box		Was	hingto	n, I	D.C. 205	549			Number:		
if no long	ar.						CT A I			Expires:	January 31, 2005	
subject to	STATI	EMENI	OF CHAN		GES IN BENEFICIAL OWNERS					Estimated average		
Section 16		S				ITIES				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	~ <b>^</b>											
may conti				•		•	• •		f 1935 or Sectio	n		
See Instru	ction	30	(h) of the Inv	vestme	nt C	Company	Aci	01 194	40			
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name and Ticker or Trading 5. Relation						5. Relationship of	f Reporting Person(s) to					
Skomal Marl	k		Symbol	-					Issuer			
			DCT Inc	lustrial	Tr	ust Inc.	DCT	]	(Char	.1111	- >	
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	insaction			(Chec	ck all applicable	2)	
· · ·			(Month/D						Director	10%	b Owner	
				05/20/2016					_X_ Officer (give title Other (specify			
INC., 518 17	TH STREET,	, SUITE							below) Chief A	below) Accounting Offi	cer	
800									Cinci i	lecounting offi		
	(Street)		4. If Amer	ndment,	Date	e Original			6. Individual or Jo	oint/Group Filin	1g(Check	
				led(Month/Day/Year)					Applicable Line)			
									_X_Form filed by			
DENVER, C	O 80202								Form filed by M Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A.	Deemed	3.		4. Securit	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Exe	cution Date, if	Transa	ictio	nAcquired	(A) o	r	Securities	Form: Direct	Indirect	
(Instr. 3)		any		CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)			·	Beneficially	(D) or	Beneficial		
		(Mo	nth/Day/Year)						Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
									Reported	(mourie)	(11501.1)	
							(A)		Transaction(s)			
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	05/20/2016			S			. ,		500	D		
Stock	05/20/2016			3		1,200	D	\$42	500	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly 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 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)	;	ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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<b>Reporting Owner Name / Address</b>			Relationships			
	Director	10% Owner	Officer	Other		
Skomal Mark C/O DCT INDUSTRIAL TRUST INC. 518 17TH STREET, SUITE 800 DENVER, CO 80202			Chief Accounting Officer			
Signatures						
/s/ John G. Spiegleman, Attorney-in-Fact	05/2	20/2016				
**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).

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.