FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| C. 20549 |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Moravec Joseph F. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Easterly Government Properties, Inc. [DEA] | | | | | | | | | Check | all app | p of Reportin blicable) ctor er (give title | ng Pers | 10% O | | |
|--|--|--------|--|----------------------------------|---------|--|---|------|---|--------|--------------------|---|------------------|---------------------|---|--------------|---|---|--|--|--|
| (Last) | (1 | First) | (Middle) | | | | | | | | | | | | X | belov | | | below) | | |
| C/O EASTERLY GOVERNMENT PROPERTIES, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015 | | | | | | | | | | EV | P - Goverr | nment | t Relation | 1S | |
| 2101 L STREET NW, SUITE 750 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Forn | n filed by One | y One Reporting Person | | | |
| WASHINGTON DC 20037 | | | | | | | | | | | | | | | | Forn Pers | n filed by Mo | re thar | n One Rep | orting | |
| (City) | ?) | State) | (Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5) | | | cquired O) (Instr | (A) oi 3, 4 a | r ind | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (111341.4) | | |
| Common Stock 02/11 | | | | | 11/2015 | | | | P ⁽¹⁾ | | 6,000 | 6,000 A | | \$1 | L 5 | 6,000 | | | D | | |
| | 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 | | 3A. Deemed Execution D if any (Month/Day/ | Date, Transaction Code (Insti | | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derival Securit (Instr. ! | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F D O (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | |

Explanation of Responses:

1. Represents shares of common stock purchased in the Issuer's initial public offering.

Remarks:

/s/ F. Joseph Moravec

02/13/2015

** Signature of Reporting Person

Date

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

- * 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.

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 Number.