FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL |
|------------------------|-----------|
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* MEAD JAMES E | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Easterly Government Properties, Inc. [DEA] | | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | g Person(s) to Iss 10% O Other (s | | wner | |
|--|---|----------------|---|---|---|---|---|-------------------|---------------------------------|------------------------------------|--------------------|--|---------------------------------------|---|-----------------------|---|---|--|---|-----------------------------------|--|--|
| (Last) (First) (Middle) C/O EASTERLY GOVERNMENT PROPERTIES, INC. | | | | ΓIES, | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2016 | | | | | | | | | | | belov | | | below) | | | |
| 2101 L STREET NW, SUITE 650 | | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Line) | | | | | |
| (Street) WASHINGTON DC 20037 | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | |
| (City) | | (State) |) (. | Zip) | | | | | | | | | | | | | | | | | | |
| | | | | | tive Securities Acqu | | | | quired, Disposed of, or Benefic | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/D: | | | | Execution Date, | | | Transa Code (| Transaction Dispo | | | Acquire D) (Ins | | 4 and Secui Benet | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | | Code | v | Amount (A) or (D) | | Pri | ico Trans | | action(s) 3 and 4) | | | (mour 4) | | |
| Common Stock 08/16/ | | | | | /2016 | 2016 | | | P | | 2,000 | | A | \$ | 19.3 | 26,666 | | I | | By The Mead Family Trust | | |
| Common Stock 08/17/ | | | | | 2016 | | | P | | 2,000 | | A | \$ | 19.05 | 28,666 | |] | Į. | By The Mead Family Trust | | | |
| Common Stock | | | | | | | | | | | | | | | | | 4,032.75 | | Ι |) | | |
| | | | Та | ble II - [| | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversi or Exerci Price of Derivative Security | on Da se (M | 3. Transaction Date Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed 4 Date, 1 | 4. Transaction Code (Instr. 3) | | 5. Number of | | 6. Date E Expiratio (Month/D | xercis | able and | 7. T Am Sec Un Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. F Der Sec (Ins | rice of ivative curity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Code | | | | , | (A) | (D) | Date Exercisal | | Expiration Date | Titl | OI N | r lumbe | | | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Alison M. Bernard,

08/18/2016 Attorney-in-fact for James E.

Mead

** 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.