Edgar Filing: LOMBARDI MICHAEL J - Form 4

| LOMBARDI | MICHAEL J | | | | | | | | | | |
|--|--|--|---|-------------|----------------------|--------|------------|--|--|-----------|--|
| Form 4 | 2009 | | | | | | | | | | |
| November 26 | | | | | | | | | | | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations THEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Sectio | | | | | | | | 9PROVAL 3235-0287 | | |
| if no longe subject to Section 16 Form 4 or Form 5 obligation | | | | | | | | Expires: January 2 Estimated average burden hours per response n | | | |
| may contin <i>See</i> Instruct 1(b). | | 30(h) | of the In | vestment | Company | Act | of 194 | 40 | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| LOMBARDI MICHAEL J Symb | | | | LCENTI | Ticker or T | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) C/O REIT MANAGEMENT & RESEARCH LLC, 400 CENTRE STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/24/2008 | | | | | below) | title 10% Owner Other (specify below) VP of Sales | | |
| | (Street) 4. If Amendment, Date Filed(Month/Day/Year) | | | | ar) Applicable Line) | | | | oint/Group Filing(Check One Reporting Person | | |
| NEWTON, N | MA 02458 | | | | | | | Form filed by M Person | More than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-E | Derivative S | ecurit | ies Acq | uired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | | Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year) | | | | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Shares | 11/24/2008 | | | А | 40,000 | А | <u>(1)</u> | 47,500 | 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) | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 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 | | |
| Repo | orting C | wners | | | | | | | | | |

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other LOMBARDI MICHAEL J C/O REIT MANAGEMENT & RESEARCH LLC **EVP** of Sales **400 CENTRE STREET** NEWTON, MA 02458 Signatures

Michael J. Lombardi 11/25/2008

Date

**Signature of Reporting Person

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) Transaction reported is grant of shares pursuant to issuer's equity compensation plan.

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.

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