MarcAurele J	oseph J											
Form 4												
September 23	, 2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
<b>CONVIA</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box									Expires:	January 31,		
if no longer subject to STATEMENT OF CH				CHANGES IN BENEFICIAL OW				<b>NERSHIP OF</b>		2005		
	Section 16. SECURITIES				ITIES					Estimated average burden hours per		
Form 4 or										response 0.5		
Form 5	Filed pu	ursuant to	Section 16	6(a) of the	e Securiti	es Ez	kchang	ge Act of 1934,				
obligation may contin		(a) of the	Public Ut	ility Hold	ing Com	pany	Act o	f 1935 or Section	on			
See Instruc		30(h)	) of the Inv	vestment	Company	Act	of 19	40				
1(b).	cuon											
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of Repo								f Reporting Per	son(s) to			
MarcAurele.	Joseph J		Symbol	-				Issuer				
	_			WASHINGTON TRUST								
				BANCORP INC [WASH]					(Check all applicable)			
(Least)	(First)	(Middle)						X Director	100	6 Owner		
(Last)	(First)	(Midule)		Earliest Tra	ansaction			X Officer (giv		er (specify		
130 FOX RUN			(Month/Day/Year) 00/21/2000					below) below)				
150 FOX KUN			09/21/20	09/21/2009					President/Chief Oper. Officer			
(Street)			4. If Amer	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
	Filed(Mon											
								_X_Form filed by	One Reporting Po More than One Ro			
EAST GREE	ENWICH, RI 0	2818						Person	wore than one K	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	lecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction D		eemed3.4. Securitiesion Date, ifTransactionAcquired (A) or CodeDisposed of (D)n/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					5. Amount of	6. Ownership			
Security	(Month/Day/Yea							Beneficially (I	Form: Direct	Indirect		
(Instr. 3)		any (Month							(D) or Indirect (I)	Beneficial Ownership		
		(Ivionui	(Day) (Cal)	(1130.0)	(1130. 5,	+ ana	5)	Following	(Instr. 4)	(Instr. 4)		
						( • )		Reported	~ /	· /		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	09/21/2009			А	7,000	A	\$0	7,000	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)

## **Reporting Owners**

## Edgar Filing: MarcAurele Joseph J - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date 3A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 17.91	09/21/2009		А	21,000	09/21/2014	09/21/2019	Common Stock	21,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MarcAurele Joseph J 130 FOX RUN EAST GREENWICH, RI 02818	Х		President/Chief Oper. Officer					
Signatures								
/s/ David V. Devault, Attorney-in-Fact		09/23/2009						
**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.