See separate instructions.

## Part I Reporting Issue

| 1 Issuer's name                             | 2 Issuer's employer identification number (EIN)              |                                 |                                                           |  |
|---------------------------------------------|--------------------------------------------------------------|---------------------------------|-----------------------------------------------------------|--|
| Liberty Property Trust                      | 23-7768996                                                   |                                 |                                                           |  |
|                                             |                                                              | ne No. of contact               | 5 Email address of contact                                |  |
| Jeanne A. Leonard                           |                                                              | 610-648-1704                    | jleonard@libertyproperty.com                              |  |
| 6 Number and street (or P.O. box if mail is | 7 City, town, or post office, state, and Zip code of contact |                                 |                                                           |  |
| 500 Chesterfield Parkway                    |                                                              | Malvern, PA 19343               |                                                           |  |
| 8 Date of action                            |                                                              | sification and description      |                                                           |  |
| 1/14/2013 Common Stock                      |                                                              |                                 |                                                           |  |
| 10 CUSIP number 11 Serial num               | per(s)                                                       | 12 Ticker symbol                | 13 Account number(s)                                      |  |
| 531172104                                   |                                                              | LRY                             |                                                           |  |
| Part II Organizational Action A             | ttach additiona                                              | I statements if needed. Se      | ee back of form for additional questions.                 |  |
| 14 Describe the organizational action and   | , if applicable, the                                         | e date of the action or the da  | te against which shareholders' ownership is measured for  |  |
| the action ► Cash distributions of \$       | 0.475 per share                                              | were paid on 1/15/2012 to c     | common shareholders of record as of 1/1/2012.             |  |
| Cash distributions of \$0.475 per share we  |                                                              |                                 |                                                           |  |
| Cash distributions of \$0.475 per share we  | e paid on 7/13/2                                             | 012 to common sharehold         | ers of record as of 6/29/2012.                            |  |
| Cash distributions of \$0.475 per share we  | e paid on 10/15/                                             | 2012 to common sharehold        | ders of record as of 10/1/2012.                           |  |
| A portion of each of the cash distributions | paid was a non                                               | dividend distribution.          |                                                           |  |
|                                             |                                                              |                                 |                                                           |  |
|                                             |                                                              |                                 |                                                           |  |
|                                             |                                                              |                                 |                                                           |  |
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|                                             |                                                              |                                 |                                                           |  |
|                                             |                                                              |                                 |                                                           |  |
|                                             |                                                              |                                 |                                                           |  |
|                                             |                                                              |                                 | rity in the hands of a U.S. taxpayer as an adjustment per |  |
|                                             |                                                              |                                 | on paid on 1/15/2012 was \$0.0950 per share.              |  |
| The amount of the nondividend distribution  |                                                              |                                 |                                                           |  |
| The amount of the nondividend distribution  |                                                              |                                 |                                                           |  |
| The amount of the nondividend distribution  |                                                              |                                 |                                                           |  |
| The amount of the non-dividend distribution | ons above will re                                            | esult in gain to the extent the | hey exceed tax basis of each common share.                |  |
|                                             |                                                              |                                 |                                                           |  |

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► The nontaxable distributions were calculated as the amount of cash distributions in excess of Liberty Property Trust's earnings and profits for the year ended December 31, 2012.

|               |          | . 12-2011)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                   | Page                        |
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| Part          |          | Organizational Action (contin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nued)                                              |                                   |                             |
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| 1 <b>7</b> Li | ist the  | applicable Internal Revenue Code s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ection(s) and subsection(s) upon which             | the tax treatment is based >      | The nondividend             |
| listribu      | ution is | s determined pursuant to IRC Sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tion 301(c).                                       |                                   |                             |
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| 8 C           | an any   | $\prime$ resulting loss be recognized? $\blacktriangleright$ <u>N</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                                  |                                   |                             |
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| 9 Pi          | rovide   | any other information necessary to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | implement the adjustment, such as the              | reportable tax year ► The re      | eportable tax year is 2012. |
|               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                   |                             |
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|               | belief   | , it is true, correct, and complete. Declara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ation of preparer (other than officer) is based of | on all information of which prepa | arer has any knowledge.     |
| Sign          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                   |                             |
| lere          | Signa    | ature 🕨                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | Date ►                            |                             |
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|               | l Print  | your name ► Donna Wagner<br>Print/Type preparer's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Preparer's signature                               | Title► Senior Vio<br>Date         |                             |
| Paid          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mile e                                             |                                   |                             |
| Prepa         |          | Michael W. Zeitzer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | 1/22/13                           | 100107000                   |
| Jse (         | Only     | Firm's name  Firm' |                                                    |                                   | Firm's EIN ► 34-6565596     |
|               | -        | Firm's address  One Commerce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Square STE 700 Philadelphia PA 19                  | 103-7096                          | Phone no 215-448-5000       |

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054