

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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nours per response				

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)									
1. Name and Address of Reporting Person* Lieb Richard J	2. Date of Event Requiring Statement (Month/Day/Year) — 11/12/2021		· .	3. Issuer Name and Ticker or Trading Symbol Orion Office REIT Inc. [ONL]					
(Last) (First) (Middle) C/O ORION OFFICE REIT INC., 2325 E. CAMELBACK ROAD, SUITE 850			Issuer	(Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) PHOENIX, AZ 85016				Officer (gi	Officer (give title Other (specify			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)	2. Amount of Sec Beneficially Own (Instr. 4)			ally Owned	F (Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock 480					D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
. Title of Derivative Security 2. Date Exercisable 3. Title a		•	ative	4. Conversion or Exercise Price of Derivative Security		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	f	Security	(I) (Instr. 5)		

Reporting Owners

	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
Lieb Richard J C/O ORION OFFICE REIT INC. 2325 E. CAMELBACK ROAD, SUITE 850 PHOENIX, AZ 85016	X				

Signatures

/s/ Richard Lieb	11/17/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.