## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

#### STATEMENT OF CHANGES IN 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 Ty	pe Response	s)																	
Name and Address of Reporting Person*  Cutlip Robert G				GL	2. Issuer Name and Ticker or Trading Symbol GLADSTONE COMMERCIAL CORP [GOOD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner X Officer (give title below) Other (specify below)						
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 10/30/2015										President				
(Street) MCLEAN, VA 22102				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
(Instr. 3) Date			e onth/Day/Year)	Execu any	Deemed ution Date, if	Coo (Ins			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:	of Indire Beneficia	Beneficial	
				(Month/Day/Year)			Code	v	Amount	(A) or (D)	Pric		(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownersh (Instr. 4)		
Common Stock		10/30	0/2015				P		1,500 (1)	A	\$ 15.92	297	23,700			D			
Common Stock 11/02/		2/2015				P		200 (2)	A	\$ 16.	.07	23,900			D				
Reminder:	Report on a s	separate line	for each	Table II -	Deriv	ative Secu	ities .	Acqui	Pe co the	rsons wl ntained i e form di Disposed	no res in this splay	form s a cu	are r irrent icially	not requ lly valid	ction of inf uired to res OMB conf	spond unle	ss	2 1474 (9-0	02)
1 Tid C	2	2		3A. Deemed	` ' '	puts, calls,		ants, c	_						8. Price of	0 N	-£ 10	111 31	Natur
Security	2. Conversion or Exercise Price of Derivative Security		n/Day/Year)	Year) Execution D	ate, if Transaction Code (Instr. 8)		of Der Sec Acc (A) Diss of (Ins	Number a		6. Date Exercisable and Expiration Date (Month/Day/Year)		te A U S	À)	int of rlying ities 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of Ind Bene Owne y: (Instr (D)	ndirec eficia nershi
						Code V	/ (A	) (D	Ex	ate kercisable	Expir Date	ration T	Title	Amount or Number of Shares					

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Cutlip Robert G							
1521 WESTBRANCH DRIVE MCLEAN, VA 22102	X		President				

#### **Signatures**

Michael LiCalsi, Attorney-in-Fact	11/03/2015		
**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).
- The price reported in column 4 is a weighted average price. These shares were purchased in multiple transactions ranging from \$15.92 to \$15.94, inclusive. The reporting (1) person undertakes to provide to Gladstone Commercial Corporation, any security holder of Gladstone Commercial Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.
- (2) The transaction reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 10, 2014.

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.