FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

	pe Response														
Name and Address of Reporting Person* Cutlip Robert G				2. Issuer Name and Ticker or Trading Symbol GLADSTONE COMMERCIAL CORP [GOOD]					:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 11/03/2016								President			
(Street)			4. If Amend	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				ole Line)	
	MCLEAN, VA 22102 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					Acqui	nired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)					2A. Deemed Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of S Beneficially Ov Reported Trans		ies Following	6. Ownership Form:	Beneficial
				(Month/Day/	Year)	Code	· V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			` /	Ownership (Instr. 4)
Common	Stock		11/03/2016			P		1,000	A \$	6.529	31,200			D	
		separate line fo	or each class of secu	urities beneficia	ally o	wned di	Pe	rsons wh	y			ction of inf			1474 (9-02
		separate line fo		- Derivative Se	ecurit	ties Acq	Pe co the	rsons wh ntained i e form dis Disposed	y no respo n this fo splays a	rm are currer reficiall	not requ ntly valid	uired to res	ormation spond unle trol numbe	ss	1474 (9-02)
Reminder: 1. Title of Derivative Security	Report on a s	3. Transaction Date (Month/Day/	Table II - n 3A. Deemec Execution D Year) any	Derivative So	ecurit lls, w	ties Acq arrants,	Pe conthe contact conta	rsons wh ntained i e form dis Disposed	yno responding this for splays a of, or Bertible secutions and the control of the contro	rm are currer neficiall arities) 7. Tir Amo Unde Secu	not requ ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nation of India Benefit Owner (Instr.

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cutlip Robert G 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102			President			

Signatures

Michael LiCalsi, Attorney-in-fact	11/07/2016
**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.