## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

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Name and Address of Reporting Person <sup>*</sup> Cutlip Robert G			GLA	2. Issuer Name and Ticker or Trading Symbol GLADSTONE COMMERCIAL CORP [GOOD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Other (specify below)							
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/04/2017									President				
(Street)				4. If .	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						
MCLEAN, VA 22102 (City) (State) (Zip)					Table I - Non-Derivative Securities Acon						lired, Disposed of, or Beneficially Owned							
(Instr. 3)		2. Transaction Date (Month/Day/Year)		Execu any	A. Deemed xecution Date, if		3. Transac Code (Instr. 8)		(A) or I		rities Acquired Disposed of (D) 3, 4 and 5)		5. Amount of Securi Beneficially Owned Reported Transaction		ies Following	6. Ownership Form:	Beneficial	
					(Mont	nth/Day/Year)		Code		V .	(A) or Amount (D)		Price			Ownership (Instr. 4)		
Common	Stock		08/0	4/2017				P			1,000 (1)	$\Delta$	\$ 20.696	36,300			D	
		separate line f	or each	ı class of secui	rities b	eneficiall	y ov	wned d	F	y or i	indirectly	v	ond to		ction of inf			1474 (9-02)
		separate line f	or each	Table II -	Deriva	ative Seci	uriti	ies Ac	F c t quirec	y or i Perscontained for the feature of the feature	indirectly cons wh cained ir form dis	o responding this for splays a	ond to orm are a curre	not requesting noting valid	ction of inf uired to res OMB conf	spond unle	ess	1474 (9-02)
Reminder: 1	Report on a s	3. Transactic Date (Month/Day.	on	Table II - (	Derive	ative Section of the	uriti	ies Acourrant	quireces, optimer ative aties red sed 3,	y or i Perscontained, Di ions, 6. Da	indirectly cons wh cained ir form dis	o responding the first of the f	ond to orm area currenteneficial urities)  7. To Amount of Security area of the currentenes of the currenten	not requesting noting valid	OMB conf	spond unle	of 10. Ownersl Form of Security Direct (l or Indire	11. Nat of Indir Benefic Owners (Instr. 4

### **Reporting Owners**

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

## **Signatures**

Michael LiCalsi, Attorney-in-fact	08/07/2017
**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).
- (1) The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 9, 2016.

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.