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

| | | | | | | | | | | | | 1 | | | | | |
|--|----------------------|--------------------------------------|-----------------------|---------------|--|--|--|--|--|-------------------------------|--|--|---|--|------------|---|---|
| 1. Name and Address of Reporting Person* 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 X_Officer (give title below) Other (specify below) | | | | | |
| (Last) (First) (Middle) 1521 WESTBRANCH DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2018 | | | | | | | | | President | | | |
| (Street) MCLEAN, VA 22102 | | | | 4. If a | 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 Acqu | | | | | | s Acqui | lired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) | | | | Code (Instr. 8) | | (A) or Disposed of (D (Instr. 3, 4 and 5) | | of (D) | Beneficially Owned F Reported Transaction(| | Following C n(s) F | Ownership C Form: | Beneficial | | |
| | | | | | (Month/Day/Year) | | | Code | | Amount | (A) or (D) | Price | (Instr. 3 a | and 4) | 4) | | Ownership (Instr. 4) |
| Common | Stock | | 02/20/2 | 2018 | | | | P | | 1,000 | Δ | § 17.668 | 40,100 | | | D | |
| Reminder: | Report on a s | separate line f | or each cla | lass of secur | rities b | eneficially | owne | ed direc | , ~ | | - | and to | the collec | ction of inf | ormation | SEC | 1474 (9-02) |
| Reminder: | Report on a s | separate line f | | Table II - | Deriva | ative Secu | rities . | Acquir | Person the | sons whatained in form dis | no responding this for splays a | orm are curre neficial | not requesting ntly valid | ction of inf lired to res OMB conf | spond unle | ess | 1474 (9-02) |
| 1. Title of | 2. | 3. Transactic Date (Month/Day. | on 3A Ex /Year) | Table II - | Derive | ative Securiuts, calls, 4. Transactio | rities Acordinates (A) Distortion (In: | Acquinants, o | Person the red, Deptions 6. I and (Mose) | sons whatained in form dis | no responding this formula for the second cisable conditions to the second cisable cisable cisable conditions to the second cisable c | neficial urities) 7. Ti Amo | not requesting ntly valid | OMB conf | spond unle | of 10. Owners Form of Security Direct (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 | 02/21/2018 |
|-----------------------------------|------------|
| **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.