| FORM | 4 |
|------|---|
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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). |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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 Type Responses) | | | | | | | | | * | | | | |
|---|--|--|--|---|---|--------|--|--|---|--|--|--|--|
| 1. Name and Address of Rep ADELGREN PAUL W | 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 | | | | | | |
| (Last) 1616 ANDERSON RC | 200 | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2004 | | | | | | Officer (give title below) Officer (give title below) | her (specify belo | ow) | | | |
| (Street) MCLEAN, VA 22102 | | | 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 | | | | |
| (City) | (State) | (Zip) | r | Table I - Non-Derivative Securities Acquired, Dispo | | | | | | ed, Disposed of, or Beneficially Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | Execution Date, if | Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Direct (D) or Indirect | Beneficial Ownership | | | |
| | | | | Code | v | Amount | (A) or (D) | Price | | (I) (Instr. 4) | | | |

 Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
 Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|--|------------|--------------------------|---|------|---|---|-------------------------|--|--------------------|-----------------------------|--|--------------------------------------|--|---|------------|
| | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 5. Numbo of Deriva Securitie Acquired or Dispos of (D) (Instr. 3, and 5) | tive s (A) sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Beneficial |
| | | | | Code | v | (A) | | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (Right to Buy) | \$ 15.99 | 05/26/2004 | | А | | 10,000 | | Û | 05/25/2014 | Common Stock | 10,000 | \$ 15.99 | 10,000 | D | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| ADELGREN PAUL W 1616 ANDERSON ROAD SUTIE 208 MCLEAN, VA 22102 | Х | | | | | | |

Signatures

| Skye Breeden, attorney-in-fact | 05/27/2004 |
|--------------------------------|------------|
| 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) Shares subject to the option vest in two equal annual installments of 5,000 shares on the first and second anniversaries of the Date of Grant

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.