FORM 4

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

OMB APPROVAL
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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 Kesponse | | rson * | 2 Issuer Name | and T | icker | or Tr | ading Sv | mhol | | 5. Relation | nship of Ren | orting Perso | n(s) to Issue | er |
|---|---|--------------------------------------|--|--|--------------------------|--|--|---|--|---|--|--|---|-----------------------------------|-------------------------|
| 1. Name and Address of Reporting Person* PARKER ANTHONY 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 Officer (give title below) Other (specify below) | | | | |
| (Last) (First) (Middle) C/O GLADSTONE COMMERCIAL CORPORATION, 1521 WESTBRANCH DRIVE SUITE 200 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2006 | | | | | | | | | | | |
| (Street) | | | | 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 Acqui | | | | | ired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | (Instr. 8) | | ction | 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) | | | Ownership Form: | Beneficial |
| | | | | (Month/Day/Year) | | ode | V | Amoun | (A) or t (D) | Price | (Instr. 3 a | ind 4) | od 4) Direct (D or Indirect (I) (Instr. 4) | | Ownership (Instr. 4) |
| Common | Stock | | 05/25/2006 | | | P | | 600 | A | \$ 18.35 | 4,285.9 | 227 | | D | |
| Reminder: | Report on a s | separate line fo | or each class of secu | rities beneficially of | wned | direct | tly or | indirectl | у. | | | | | | |
| | | | | | | | cont | tained i | n this fo | rm are | not requ | | ormation spond unle trol numbe | ess | 1474 (9-02) |
| | | | | Derivative Securi (e.g., puts, calls, w | | - | | | | | ly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | n 3A. Deemed Execution Da any | 4. Transaction Code Year) (Instr. 8) | 5. Num of Deriv | vative rities nired or osed 0) r. 3, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Ti Amo Und Secu | itle and bount of erlying urities tr. 3 and | Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form o Derivat Securit Direct (or India | Beneficia Ownershi (Instr. 4) D) | |
| | | | | Code V | (A) | (D) | Date | e rcisable | Expiration Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| PARKER ANTHONY W C/O GLADSTONE COMMERCIAL CORPORATION 1521 WESTBRANCH DRIVE SUITE 200 MCLEAN, VA 22102 | X | | | | | |

Signatures

| Paula Novara, attorney-in-fact | 05/30/2006 |
|---------------------------------|------------|
| **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.