## FORM 4

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

OMB APPI	ROVAL
OMB Number:	3235-0287
Estimated average	e burden
hours per respons	0.5

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. Name and Address of Reporting Person* DULLUM DAVID A R				2. Issuer Name and Ticker or Trading Symbol GLADSTONE COMMERCIAL CORP [GOOD]						ODI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director 10% Owner					
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 06/09/2006							_	Officer (giv	re title below)	Ot	her (specify be	ow)
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
	EAN, VA 22102 (City) (State) (Zip)			Table I - Non-Derivative Securities Acou						es Acquired	uired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			ate, if	(Instr. 8	(A) or Disposed		of (D) Ov	wned Follor ansaction(s	ount of Securities Beneficially Following Reported		6. Ownership Form:	7. Nature of Indirect Beneficial		
				(Month/	/Day/	Year)	Code	e V	Amount	(A) or (D)	Price (In	nstr. 3 and 4	1)		Direct (D) Own- or Indirect (Instr (I) (Instr. 4)	
Common	Stock		06/09/2006				M		3,550	A	\$ 15 8,	550			D	
	Stock		06/09/2006				S		3,550	D	\$ 5,0	000			D	
		separate line for each	a class of securities	beneficia	illy ov	wned	directly (	Perso	ons who lined in	this for	m are not	required	of informa to respon ntrol numl	d unless th		1474 (9-02
Reminder:		separate line for each	Table II -	Derivati	ve Se	ecurit	ies Acqu	Perso conta form	ons who lined in displays	this for s a curr , or Ben	m are not ently valid	required d OMB co	to respon	d unless th		1474 (9-02)
Reminder:	Report on a s	3. Transaction Date (Month/Day/Year)	Table II -	Derivati (e.g., put 4. Transac Code	ve Sets, cal	5. Nu of Deriv Secur Acqu (A) o Dispo	ies Acquarrants, umber ( I I I I I I I I I I I I I I I I I I I	Perso conta form	ons who nined in displays sposed of convertil cercisable in Date	this for s a curr , or Ben ble secur	m are not ently valid	required d OMB co	to respond ntrol numbers	d unless th	of 10. Owners Form o Derivat Securit Direct ( or Indii	11. Na of Indi Benefi Owner (Instr.
Reminder:  1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ve Se test, cal	5. Nu of Deriv Secur Acqu (A) o Dispo of (D (Instr	ies Acquarrants, number of vative (rities irred or obsed o) (r. 3, 4, 5)	Persoconta form uired, Disoptions, 6. Date E Expiration	ons who lined in displays  posed of convertil corcisable n Date ay/Year)	this for s a curr , or Ben ble secur e and	eficially Overities)  7. Title and of Underly Securities	required d OMB co	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Securit Direct ( or India (s) (I)	hip of Indi Benefi Owner (Instr. D) ect

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
DULLUM DAVID A R 1521 WESTBRANCH DRIVE SUITE 200 MCLEAN, VA 22102	X				

## **Signatures**

Paula Novara, Attorney-in-fact	06/14/2006
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)
- (1) The option vested in two equal installments of 5,000 shares each on 8/12/2004 and 8/12/2005.

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.