FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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. Name and Address of Reporting Person* Cutlip Robert G | | | 2. Issuer Name and Ticker or Trading Symbol GLADSTONE COMMERCIAL CORP [GOOD] | | | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) | | | | | |
| (Last) (First) (Middle) 1521 WESTBRANCH DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2018 | | | | | | | | President | | | |
| (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 Acqu | | | | | | Acquir | nired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | | | | 2A. Deemed Execution Date any | e, if C | 3. Transa Code (Instr. 8) | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | count of Securities icially Owned Following ted Transaction(s) | | Ownership Form: | Beneficial | |
| | | | | (Month/Day/Year) | | Code | VA | (A) or Amount (D) I | | Price | (Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 03/13/2018 | | | P | 5 | 500 (1) | Δ | \$ 18.04 | 40,600 | | | D | |
| Reminder: | Report on a s | separate line fo | r each class of secu | rities beneficiall | ly own | ned direc | Perso | ns wh | o respo | | | ction of inf | ormation | | 1474 (9-02) |
| Reminder: | Report on a s | separate line fo | Table II - | Derivative Seco | urities | s Acquir | Person contain the for ed, Disp | ns who | o responding this for plays a | rm are curren | not requ tly valid | uired to res OMB cont | | ss | 1474 (9-02) |
| 1. Title of Derivative Security | • | 3. Transaction | Table II - 1 3A. Deemed Execution Day | | urities s, warr 5. Nu of De Se Ac (A Di of (Ir | s Acquir rants, op | Person contain the for ed, Dispositions, c | ns who | o responding this for plays a f, or Bendible secunisable n Date | rm are current efficially rities) 7. Tit Amore Under Security | not required the valid y Owned the and unt of orlying | OMB conf | spond unle | of 10. Ownersl Form of Derivati 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 | 03/14/2018 |
|-----------------------------------|------------|
| **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).
- (1) The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 25, 2017.

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.