## FORM 4

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

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

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 *			2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer					
ADELGREN PAUL W			GLADSTONE COMMERCIAL CORP [GOOD]						(Check all applicable)  _X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 03/07/2014											
(Street)			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					
MCLEAN, VA 22102 (City) (State) (Zip)			Tabla I - Non-Darivativa Securities Acqu					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transa Code (Instr. 8)	ction			uired of (D)	5. Amour Beneficia Reported	ant of Securities lally Owned Following d Transaction(s)		6. Ownership Form:	Beneficial	
				(Month/Day/Year)	Code	V	(A) or Amount (D)		Price	(Instr. 3 and 4)			\ /	Ownership (Instr. 4)
Common	Stock		03/07/2014		P		750	A	\$ 17.65	5,399			D	
Reminder:	Report on a s	separate line for	each class of secur	rities beneficially ov	vned direc	Pers	ons wh	o respo			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for	Table II -	Derivative Securit	ies Acquir	Persontation the forest	ons wh ained ir orm dis	o respo n this fo splays a of, or Ber	rm are currei ieficial	not requesting ntly valid	uired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security		3. Transaction	Table II - (  3A. Deemed Execution Date any	Derivative Securitives, puts, calls, was tended to the control of	ies Acquir arrants, op 5.	Persoconta the formations, 6. Data and I (Mor	ons wh ained ir orm dis	o responthis for splays a of, or Bertible secutions Date	rm are current rities)  7. Ti Amo	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natural of Indirection Benefic Owners (Instr. 4

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ADELGREN PAUL W 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102	X					

### **Signatures**

Michael LiCalsi, Attorney-in-fact	03/11/2014
**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.