FORM 4

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

OMB APPROVAL
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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

(Print or Type Responses) 1. Name and Address of Reporting Person * LiCalsi Michael				2. Issuer Name and Ticker or Trading Symbol GLADSTONE COMMERCIAL CORP [GOOD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Internal Counsel and Secretary						
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 08/16/2013							Internal	Counsel and	Secretary		
(Street)				4	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					
MCLEA (City	N, VA 221	(State)	(Zip)			T-L	l. T. Ni.	D.		C44						
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		ear) Ex	Execution Date, if Code (Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of In	7. Nature of Indirect Beneficial		
				(M	Month/Day/Ye	ar)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4) Direct (D) or Indirect (I)		Ownership (Instr. 4)		
Common	Stock		08/16/2013				P		900	A	\$ 17.76	2,204.1	0		D	
Common Stock 08/16/20		08/16/2013				Р		100	A	\$ 17.749	2,304.10		Г	D		
Common	Stock		08/10/2013				1		100	7 \$	17.749) 2,304.1			D	
		separate line i	for each class o	e II - De	erivative Secu	ırities	ned direc	Person the	r indirectl sons whatained i form dis	y no resp n this f splays	ond to form ar a curre	the collecte not requently valid	ction of inf	ormation spond unle rol numbe	SEC ss	1474 (9-02)
Reminder:	Report on a s		for each class o	e II - De	erivative Secu	ırities	ned direct	Person the red, D	r indirectlesons what ained in form disposed s, conver	y no resp n this f splays of, or B	ond to form ar a curre eneficia curities	the collece not requently valid	ction of inf ired to res OMB conf	spond unle rol numbe	SEC ss r.	
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LiCalsi Michael 1521 WESTBRANCH DRIVE SUITE 200 MCLEAN, VA 22102				Internal Counsel and Secretary		

Signatures

Michael LiCalsi	08/19/2013
**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.