

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden nours per response 0.5				
nours per response				

#### INITIAL STATEMENT OF 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)								
Name and Address of Reporti Gerson Gary	ng Person*	2. Date of Event Requiring Statement (Month/Day/Year)  03/26/2021			3. Issuer Name and Ticker or Trading Symbol GLADSTONE COMMERCIAL CORP [GOOD]			
1521 WESTBRANCH DF 100	(Middle) RIVE, SUITE			Issuer	of Reporting Person  k all applicable)  10% Own	Filed(Mon	o 5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) MCLEAN, VA 22102					XOfficer (give t below)	other (spe below) nterim CFO	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State)	(Zip)		Table I - Non-Derivative Securities Beneficially Owned					wned
1. Title of Security (Instr. 4)  2. Amount Beneficially (Instr. 4)			of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			10	00		D		
Common Stock		25	252		I	By Spouse		
unle	ons who respond ss the form displa	to the c ays a cur	ollection or rently val	of infori id OMB	mation contained in		·	
1. Title of Derivative Security (Instr. 4)	an (M	Date Exer id Expirati ionth/Day/Ye ate xercisable	on Date ar)  Expiration	Security (Instr. 4	•	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
					niar Co		(Instr. 5)	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Gerson Gary 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102			Interim CFO		

# **Signatures**

Michael LiCalsi, attorney-in-fact	03/29/2021
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

### Remarks:

Exhibit 24: Power of Attorney

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 of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of the coll	ber.