FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

-	OWID 7 ti 1	110 1712
	OMB Number:	3235-028
1	Estimated average	burden

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

IL	OMB APPE	ROVAL
1	OMB Number:	3235-0287
(	Estimated average bu	ırden
1	hours per response:	0.5

Name and Address of Reporting Person*     Garner Charles E II						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CIM Commercial Trust Corp [ CMCT ]								Check all	nship of Reporti applicable) Director Officer (give title	1	Person(s) to Issuer  10% Owner Other (specify	
(Last) 4700 WI	(Last) (First) (Middle) 4700 WILSHIRE BLVD						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2015								Chief Exe	b	elow)	
(Street) LOS ANGELES CA 90010 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of			Acquire (D) (Inst	d (A) or r. 3, 4 and	5) S B O	Amount of ecurities eneficially wned Following eported	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ct ect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount	(A) or (D)	Price	Ti	ransaction(s) nstr. 3 and 4)			(1130.4)		
Common Stock 12/09/					015	5			P <sup>(1)</sup>		39	A	\$16.	79	5,875	D		
Common	Common Stock 12/11/20					.5			P <sup>(1)</sup>		39	A	\$17.59	98(2)	5,914	D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, :h/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivati Security (Instr. 5	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	D) ect	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

- 1. The purchases reported on this From 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 14, 2015.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$17.23 to \$17.75, inclusive. The reporting person undertakes to provide to CIM Commercial Trust Corporation, any security holder of CIM Commercial Trust Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnote (2) herein.

s/ Eric Rubenfeld, attorney in

12/11/2015

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.