FORM 4

1. Name and Address of Reporting Person*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
|--------------|------------|--|
| vvasinigton, | D.C. 20040 | |

| STATEMENT OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|----------------------|---------------|-----------|
|----------------------|---------------|-----------|

2. Issuer Name and Ticker or Trading Symbol

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| ROSEMORE ANDREW S | | | | | PMC COMMERCIAL TRUST/TX [PCC] | | | | | | | | | Director | | 10% Ov | wner | | |
|---|---|--|---|--------|---|---|------------------|---|-------------------|--|--------------------|---|--|--|---|---|--|--|--|
| (Last) 17950 Pl | ` | rst) D SUITE 600 | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2006 | | | | | | | | | Officer (give title below) Executive V | | Other (s below) resident | pecify | |
| (Street) DALLA | S T | K | 75252 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Ye | | | | | | ay/Year) | Line | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (Si | ate) | (Zip) | | | | | | | | | | | Persor | Person | | | | |
| | | | le I - No | | | _ | | | - | , Dis | <u> </u> | | | ly Owned | | | | | |
| | | 2. Transaction Date (Month/Day/Year) | | ur) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transa Code (| 3. Transaction Code (Instr. 8) | | ties Acquired I Of (D) (Insti | | Benefici Owned I | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | |
| Common Shares of Beneficial Interest | | | 11/16 | 6/2006 | | | | М | | 7,500 |) A | \$13.12 | 25 306 | 306,132 | | D | | | |
| Common | Shares of I | Beneficial Interes | st | 11/16 | 5/2006 | | | | M | | 5,500 |) A | \$12.72 311,632 | | D | | | | |
| Common | Shares of I | Beneficial Interes | st | 11/16 | 5/2006 | | | | F | | 11,86 | 7 D | \$14.1 | 14.19 299,765 D | | | D | | |
| | | 7 | Гable II - | | | | | | | | | , or Bene ible secu | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | 5. Number on of | | Expiration | 5. Date Exercisa Expiration Date Month/Day/Yea | | 7. Title and of Securitie Underlying Derivative (Instr. 3 and | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | expiration Pate | Title | Amount or Number of Shares | | | | | | |
| Common Shares of Beneficial Interest | \$13.125 | 11/16/2006 | | | M | | | 7,500 | 12/13/200 | 01 1 | 2/13/2006 | Common Shares of Beneficial Interest | 7,500 | \$13.125 | 0 | | D | | |
| Common Shares of Beneficial | \$12.72 | 11/16/2006 | | | M | | | 5,500 | 06/12/200 | 06 0 | 6/12/2011 | Common Shares of Beneficial | 5,500 | \$12.72 | 0 | | D | | |

Explanation of Responses:

Andrew S. Rosemore

11/16/2006

** Signature of Reporting Person

Date

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

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.

^{*} 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).