FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
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	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).

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 an Eppich	nd Address of Kelly		2. Issuer Name and Ticker or Trading Symbol CIM Commercial Trust Corp [CMCT]										nip of Reporting Person(s) to Iss pplicable) ector 10% Ov					
(Last) 4700 WI	ast) (First) (Middle) 700 WILSHIRE BLVD						3. Date of Earliest Transaction (Month/Day/Year) 12/28/2015								Offic belov	er (give title w)	Other below	(specify)
(Street) LOS ANGELES CA 90010						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)															F 613			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. T Dat (Mo					ion /Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5) Secur Bene Owne		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(Instr. 4)			
Common	015	15			P ⁽¹⁾		112	A	\$16.49) 91 ⁽²⁾		1,785	D					
Common Stock 12/29/20						15			P ⁽¹⁾		112	A	\$16.	5.41		1,897	D	
Common Stock 12/30/20:						15			P ⁽¹⁾		112	A	\$16.41	4193(3)		2,009	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)	te Exec onth/Day/Year) 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)		6. Date Exel Expiration I (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst	vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	: cisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

- 1. The purchases acquired on this Form 4 were affected 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 \$16.49 to \$16.50, 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 footnotes (2) and (3) herein.
- 3. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$16.34 to \$16.43, inclusive

/s/ Eric Rubenfeld, attorney in

12/30/2015

fact

** Signature of Reporting Person

Date

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.