FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 and Address of Reporting Person* Garner Charles E II						2. Issuer Name and Ticker or Trading Symbol CIM Commercial Trust Corp [CMCT]								Check	ionship of Reporting all applicable) Director Officer (give title		10% (
(Last) 4700 WII	(I LSHIRE E	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/29/2016								X	belov	w) ``	below utive Officer	
(Street) LOS AND	LOS ANGELES CA 90010					4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Indiv _ine) X	ividual or Joint/Group Filing (Check Applicable 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. Transaction Date (Month/Day/Yo					Execution Date,			3. Transa Code (8)	action	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5) Securi Benefi Owned		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(111501.4)
Common Stock 02/29/201				016	16			P ⁽¹⁾	П	40	Α	\$17.39	38(2)		8,548	D		
Common Stock 03/02/201				016	16			P ⁽¹⁾		40	A	\$17.26	17.2617 ⁽³⁾		8,588	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 Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Transaction Execution Date, if any (Month/Day/Year) 8)						5. Nul of Deriv. Secul Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Expir	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V (A) (D)				Date Expiration Exercisable Date			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 \$17.375 to \$17.40, 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 \$17.16 to \$17.28, inclusive

s/ Eric Rubenfeld, attorney in fact

** Signature of Reporting Person

Date

03/02/2016

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.