FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | ROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

37 Estimated average burden 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 and Address of Reporting Person [*] Golay Frank H Jr | | | | | | 2. Issuer Name and Ticker or Trading Symbol CIM Commercial Trust Corp [CMCT] | | | | | | | | | all app | onship of Reporting Per Ill applicable) Director | | (s) to Is | |
|--|--|--|----------|------------------------------|------------------------------|--|---|--|--|--------|-----------------------|---|------------------------|----------------------------|-----------------------|--|---|-----------------------|--|
| (Loot) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2019 | | | | | | | | | Office belov | er (give title w) | | Other (specify below) | |
| (Street) LOS ANGELES CA 90010 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Form | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting erson | | | |
| | | Tabl | e I - No | on-Deriv | ative/ | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or E | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | | | | Secur Benef Owne | Securities Beneficially | | rship rect direct 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) oi (D) | Price | Tran | | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 12/05/20 | | | | | | 019 | | A | | 2,000 | A | \$14. | 4508 | | 7,625 | D | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ı . | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : t (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

/s/ David Thompson, attorney

12/05/2019

in 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.