## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Fillit Of Ty	pe Responses	3)												
1. Name and Address of Reporting Person* ADELGREN PAUL W			2. Issuer Name and Ticker or Trading Symbol GLADSTONE LAND Corp [LAND]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 03/07/2014						Office	r (give title belo	ow)	Other (specify	below)	
(Street) MCLEAN, VA 22102				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City		(State)	(Zip)	Tε	able I - No	n-Der	rivative S	Securities	Acqui	ired, Dispe	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
				Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		03/07/2014		P		481	1 1	\$ 13.05	3,758			D	
Common Stock 03/07/2		03/07/2014		P		519	Ι Δ	\$ 13.17	4,277		Г	D		
Reminder:	Report on a s	separate line fo	or each class of secur	ities beneficially ov	vned direc	Pers	ons wh	o respo	rm are	not requ		formation spond unleader	ss	1474 (9-02)
				Derivative Securiti (e.g., puts, calls, wa						ly Owned				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ADELGREN PAUL W 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102	X					

### **Signatures**

Michael LiCalsi, Attorney-in-fact	03/11/2014
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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.

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