## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

Print or Type Responses)  1. Name and Address of Reporting Person * Parrish Lewis			2. Issuer Name and Ticker or Trading Symbol GLADSTONE LAND Corp [LAND]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2015						X Officer (give title below) Other (specify below)  Chief Financial Officer						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
MCLEAN	I, VA 221												- Cale Reporting	Cison	
(City)		(State)	(Zip)	,	Table	I - Nor	-Deriva	tive S	ecurities A	Acqui	ired, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Sec (Instr. 3)	,				if C	. Transa Code (nstr. 8)	(A) or Disposed o			Beneficially Owned Following Reported Transaction(s)		Ownership of Is Form: Ben	Beneficial		
				(Month/Day/Year)	ar)	Code	VA	mount	(A) or (D)	Price	(Instr. 3 a	nd 4)			Ownership (Instr. 4)
Common S	Stock		06/15/2015			P	9	00	Δ	\$ 11	1,000			D	
Reminder: Re	eport on a s	separate line for	r each class of secur	ities beneficially	owne		Person contair	s who	respon	n are	not requ		spond unle	ss	1474 (9-02)
Reminder: Ro	eport on a s	separate line for	Table II - I	Derivative Secur	ities	Acquire	Person contair the for ed, Dispo	is who ned in m disp	responthis formula this formula this formula the firmula the formula the firmula the firmu	n are urrer ficiall	not requesting ntly valid	ired to res		ss	1474 (9-02)
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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Parrish Lewis 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102			Chief Financial Officer			

### **Signatures**

Michael LiCalsi, Attorney-in-fact	06/16/2015
**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.