FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Instruc	tion 1(b).			Filed	pursua or Se	ant to S ection 3	Section 30(h) o	16(a) of the Ir	of the Savestme	ecuriti nt Cor	ies Exchang mpany Act o	e Act o f 1940	of 1934	1		Hours	perre	эропос.	0.5	
Name and Address of Reporting Person*     Shemesh Avraham					2. Issuer Name and Ticker or Trading Symbol  CIM Commercial Trust Corp [ CMCT ]								(Che	elationship eck all app X Direc	licable)	ng Pe	rson(s) to Is			
(Last) 4700 WI	(Fi	,	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 07/07/2021									Office below	er (give title /)	Other (s below)		specify	
(Street) LOS ANGEL			0010 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	e) X Form Form	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution if any		ution Date, Transac					A) or , 4 and	Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or F	Price	Transa	action(s) 3 and 4)			(1115411 4)		
Series A	eries A Preferred Shares 07/07/2021 P 89,338 <sup>(1)</sup> A						A	\$25	387,810 <sup>(2)</sup>			I	See footnote (2) <sup>(2)</sup>							
		Tal									osed of, convertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	perivative   Conversion   Date   Execution Date,   Tracecurity   or Exercise   (Month/Day/Year)   if any   Co				Transa Code (	ansaction ode (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numl of Share	ber						

## **Explanation of Responses:**

1. CIM Capital, LLC ("CIM Capital"), a wholly owned subsidiary of CIM Group, LLC, received 89,338 shares of Series A Preferred Stock from the Issuer as payment for the obligation of CIM Urban Partners, L.P. ("CIM Urban"), a wholly-owned indirect subsidiary of the Issuer, to pay CIM Capital a management fee in respect of the first quarter of 2021 pursuant to the investment management agreement between CIM Capital and CIM Urban.

2. CIM Group, LLC is the sole equity member of CIM Capital. The reporting person, Richard Ressler and Avraham Shemesh may be deemed to beneficially own all of the shares of Series A Preferred Stock acquired from CIM Capital because of their positions with CIM Group, LLC. The reporting person disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein, and the inclusion of such shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

> /s/ David Thompson, attorney in fact

07/09/2021

\*\* 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.