#### Edgar Filing: GMH Communities Trust - Form 4

GMH Comm Form 4 August 10, 2	nunities Trust 007											
FORM	1 4									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check the if no long	aer.									January 31, 2005		
subject to Section 1 Form 4 o	6. <b>SIAIE</b> M	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Estimated a burden hou response	average Irs per		
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type Responses)												
OLEARY DENNIS J Symbol				Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				Communities Trust [GCT]				(Check all applicable)				
				Earliest Transaction				_X_ Director 10% Owner				
C/O GMH COMMUNITIES       08/09/2007								er (specify				
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)					
NEWTOWN SQUARE, PA 19073Form filed by One Reporting PersonForm filed by More than One ReportFORFORFORFOR												
(City)												
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of				5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
(Instr. 3)		Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Owned Following					
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Shares	08/09/2007			Р	2,500	A	\$ 7.91	0 (1)	D			
Common Shares	08/09/2007			Р	2,500	A	\$ 7.86	0 (1)	D			
Common Shares	08/09/2007			Р	2,500	А	\$ 7.82	0 (1)	D			
Common Shares	08/09/2007			Р	2,500	А	\$ 7.8	0 (1)	D			
Common Shares	08/09/2007			Р	2,500	A	\$ 7.52	75,482 <u>(1)</u>	D			

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date	Title Number				
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Fg	Director	10% Owner	Officer	Other			
OLEARY DENNIS J C/O GMH COMMUNITIES TRUST 10 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073	Х						
Signatures Theresa Miller, attorney-in-fact for De O'Leary	ennis J.	(	)8/10/20	07			
,							

\*\*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).

(1) The number of securities beneficially owned by the reporting person following the transactions contained in this filing appears in row 5.

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.