FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Busch Jeffrey					2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE]										$ \begin{array}{ccc} \text{5. Relationship of Reporting Person(s) to Issuer} \\ \text{(Check all applicable)} \\ X & \text{Director} & \text{10\% Own} \end{array} $				
I				3. Date of Earliest Transaction (Month/Day/Year) 02/23/2023									X	Officer (g below) Chair	give title Other (below) rman, President and CEO		,	pecify	
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
BETHESDA (City)	MD (State		0814 (ip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos Code (Instr.			urities Acquired (A) or sed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficially Following I	/ Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Co	ansacti de (Ins		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			d 7. Title and Amour Securities Underly Derivative Security 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisab		xpiration ate	Title		Amount or Number of Shares		Transaction (Instr. 4)	on(s)		
LTIP Unit (Right to Buy) ⁽¹⁾	(2)	02/23/2023			A		36,563		(2)		(2)	Com Sto		36,563	\$0	616,66	57	D	

Explanation of Responses:

- 1. Represents units of limited partnership interest ("LTIP Units") in Global Medical REIT L.P. (the "OP"), the operating partnership of the Issuer. All of the LTIP Units vest on February 23, 2026, subject to the Reporting Person's continued employment on such date. The LTIP Units were awarded pursuant to an LTIP Unit vesting agreement, the form of which was filed as Exhibit 10.3 to the Issuer's Quarterly Report on Form 10-Q filed on May 6, 2022. The LTIP Units were issued pursuant to the Issuer's 2016 Equity Incentive Plan (as amended from time to time) and have no expiration date.
- 2. As described in the OP's partnership agreement, vested LTIP Units that have achieved capital account parity may be exchanged at any time after vesting for cash or, at the election of the Issuer, for shares of Common Stock on a one-for-one basis. LTIP Units have no expiration date.

/s/ Jamie Barber, as Attorney-in-<u>Fact</u>

02/24/2023

** 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.