FORM 4

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

OMB APPROVAL
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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 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

pe Responses	s)														
1. Name and Address of Reporting Person * KIERNAN ROBERT J			2. Issuer Name and Ticker or Trading Symbol							5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 2 BETHESDA METRO CENTER, SUITE 440				3. Date of Earliest Transaction (Month/Day/Year)							Director 10% Owner 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				
y)	(State)	(Zip)			Tob	lo I	Non Do	vivati	vo Soouriti	os Agguiro	d Disposo	d of or Don	oficially Own	od.	
1.Title of Security 2. Transaction Date		2A. Deemed Execution Date, if		3. Co	3. Transact Code (Instr. 8)		4. Securities Act (A) or Disposed (Instr. 3, 4 and 5		quired of (D) Ov Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. Ownership Form: Beneficially Ownership Order (D) Ownership Form: Direct (D)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Report on a s	eparate line for eac	Table II -	Derivativ	e Secu	rities A	Acqui	Perso conta form	ons v ained disp	in this fo lays a cur	rm are no rently vali neficially O	required d OMB co	l to respon	d unless th		474 (9-02)
		3A. Deemed Execution Date, if	4. 5. N Transaction of I Code Sec ar) (Instr. 8) Acc or I of (Instr. 8)		. Numb f Deriv ecuritie cquired r Dispo f (D)	Number Derivative a curities quired (A) Disposed (D) str. 3, 4,		6. Date Exercisable		7. Title and of Underly Securities	ing	g Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (I or Indire	(Instr. 4)
			Code	V	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
(2)	03/05/2018(3)		A	2	2,225		<u>(2</u>	J	(2)	Commor Stock	2,225	\$ 0	8,199	D	
(2)	03/05/2018(4)		A	1	9,727 (4)	,	<u>(2</u>)	(2)	Commor Stock	19,727	\$ 0	27,926	D	
(2)	03/05/2018 ⁽⁵⁾		A	9	9,469 (<u>5</u>)		<u>(2</u>)	(2)	Commor Stock	9,469	\$ 0	37,395	D	
	dd Address of IN ROBER (IN	Conversion or Exercise Price of Derivative Security (2) (2) (2) (3) (3) (3) (4) (5) (5) (5) (5) (5) (5) (5	Address of Reporting Person* IN ROBERT J (First) (Middle) (SDA, MD 20814 (State) (Zip) SECURITY 2. Transaction Date (Month/Day/Year) Price of Derivative Security (2) 03/05/2018(4) (2) 03/05/2018(4)	and Address of Reporting Person* N ROBERT J (First) (Middle) (Street) (Street) (Street) (Street) (Street) (Street) (Street) (A. If American SDA, MD 20814 (Cip) (State) (Zip) (State) (Zip) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A. Deerivative (e.g., puts any (Month/Day/Year)) (Month/Day/Year) (A. Deerivative (e.g., puts any (Month/Day/Year)) (Month/Day/Year) (A. Code (Instr. 8) (Code (2) (2) (3)/05/2018(4) (4) (A. A. A	Address of Reporting Person* AN ROBERT J (First) (Middle) (Staret) (Street) (State) (2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Conversion or Exercise (Month/Day/Year) Price of Derivative Security (Month/Day/Year) (A) (Code V (2) (2) (2) (2) (3) (3) (3) (3)	A A 2,225 Gard and Special and Address of Reporting Person And ROBERT J Conversion or Exercise Price of Derivative Security Code V (A) Code V (A)	Address of Reporting Person NOBERT J (No ROBERT J (Street) (A If Amendment, Date Origin of Code (Instr. 8) (Month/Day/Year) (Code (Instr. 8) (Report on a separate line for each class of securities beneficially owned directly of Code (Instr. 8) (Report on a separate line for each class of securities beneficially owned directly of Code (Instr. 8) (Code (Instr. 8) (Report on Date (Instr. 8) (Report on	2. Issuer Name and Ticker or Tradic NROBERT J (Nited) (Street) (Street) (State) (State) (Zip) (State) (Zip) (State) (Zip) (State) (Zip) (Month/Day/Year) (Month/Day/Year) (And Hobert Securities beneficially owned directly or indirectly or indirectly or Exercise Price of Derivative Security (Month/Day/Year) (Month/Day/Y	Address of Reporting Person* (N ROBERT J (First) (Street) (Stree	Address of Reporting Person* N ROBERT J (Middle) (Street) (An D 20814 (A) If Amendment, Date Original Filed(Month/Day/Year) (A) Or Disposed (Instr. 3, 4 and 5) (A) Or Disposed of, or Be (E.g., puts, calls, warrants, options, convertible sect of Derivative Securities (Month/Day/Year) (A) Or Disposed of, Or Disposed	Address of Reporting Person* IN ROBERT J Original Filed Month/Day/Year) SDA METRO CENTER, SUITE 440 SDA, MD 20814 SECURITY ORIGINAL STANSACTION ORI	And Address of Reporting Person 2 An ROBERT J Office (p) Office	Address of Reporting Person.* On ROBERT J On (Final) (Middle) (Sinese) (A) Job and Farisest Transaction (Month/Day/Year) (Sinese) (Sinese) (A) Job and Farisest Transaction (Month/Day/Year) (Sinese) (A) Job and Farisest Transaction (Month/Day/Year) (Sinese) (Sinese) (A) Job and Farisest Transaction (Month/Day/Year) (Sinese) (A) Job and Farisest Transaction (Month/Day/Year) (Sinese) (A) Job and Farisest Transaction (Month/Day/Year) (Month	2 Issuer Name and Ticker or Trading Symbol (Check all application (Check all applicatio	2. Issuer Name and Ticker or Trading Symbol (Individual or John Sport and Properting Persons) to Issuer (Name) (Individual or John Sport and Spo

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KIERNAN ROBERT J 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814			Chief Financial Officer			

Signatures

/s/ Robert Kiernan	03/07/2018
**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).
- Represents units of limited partnership interest ("LTIP Units") in Global Medical REIT L.P. (the "OP"), the operating partnership of the Issuer. The Issuer's Board of Directors determined on March 5, 2018 that 50% of the LTIP Units vested and became nonforfeitable as a result of meeting certain market based performance criteria as of December 31, 2017 and 50% of the LTIP Units will vest on December 31, 2018, pursuant to the grant award agreement stipulations. The performance-based LTIP Units were issued pursuant to the Issuer's 2016 Equity Incentive Plan and have no expiration date.
- (2) As described in the OP's partnership agreement, vested LTIP Units 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.
- (3) Awarded pursuant to an LTIP Unit performance-based vesting agreement, the form of which was filed as Exhibit 99.2 to the Issuer's Current Report on Form 8-K filed on March 6, 2017
- (4) Represents LTIP Units in the OP granted as a retention award. The Issuer's Board of Directors determined on March 5, 2018 that 50% of the LTIP Units will vest on March 5, 2020 and 50% of the LTIP Units will vest on March 5, 2021. The LTIP Units were issued pursuant to the Issuer's 2016 Equity Incentive Plan and have no expiration date.
- (5) LTIP Units vest in equal one-third installments on March 5 of 2019, 2020 and 2021. The LTIP Units were issued pursuant to the Issuer's 2016 Equity Incentive Plan and have no expiration date.

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.