## 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 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 Ty	pe Response	s)													
Name and Address of Reporting Person *  Cypher Matthew				2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
				3. Date of Earliest Transaction (Month/Day/Year) 05/11/2018						Office	er (give title belo	ow)	Other (specify	below)	
(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					
	SDA, MD										_ '				
(City	)	(State)	(Zip)	,	Table	I - No	n-Der	ivative	Securities	Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				Code (Instr. 8)		ion 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	t of Securities lly Owned Following Transaction(s)		Ownership Form:	Beneficial		
			(Month/Day/Year)		Code	V	Amoui	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock 05/11/2018		05/11/2018			P		475		\$ 8.41	1,675			D		
				Derivative Secur			cont the f	ained i form di isposed	n this for splays a o	m are curre eficial	not requesting ntly valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1 77:41 . C	l <sub>a</sub>	2 75 4		e.g., puts, calls,		ints, oj					*.1 1	0 D : C	0.31 1	C 10	11. 27.
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da Year) any	4. Transactio Code (Instr. 8)	of Den Sec Acc (A) Diss of (Ins	Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Securit Direct ( or India	Ownersh (Instr. 4)
				Code V	/ (A	(D)	Date Exer	e rcisable	Expiration Date	1 Title	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cypher Matthew 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814	X					

### **Signatures**

/s/ Matthew Cypher	05/11/2018
**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).

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.