FORM 4

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

OMB APPROVAL
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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 * Marston Ronald					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					
2 BETHESDA METRO CENTER, SUITE 440					3. Date of Earliest Transaction (Month/Day/Year) 06/04/2018							Office	er (give title belo	ow)	Other (specify	below)	
(Street)				4. If .	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												- Interesting	- Concreporting			
(City	['])	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)				of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	of In Bene	7. Nature of Indirect Beneficial Ownership		
				(ode	V Amo		(A) or (D)	Price	, , , ,		or Indirect (I) (Instr. 4)			
Common	Stock		06/04/2018				P		2,830	A	\$ 8.86	2,830			D		
Reminder.	Report on a :	separate line re		Deriva	ative Securit	ies A	cquire	Perso conta the fo	ons what nined in orm dis	no respor n this for splays a c	m are currer eficiall	not requality valid	OMB conf	ormation spond unle rol numbe	ss	C 1474	(9-02)
	L	l. m .			outs, calls, w		ts, opt								2 4 2		4.37
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Day Year) any	ate, if	e, if Transaction Code (Instr. 8) I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Undo Secu	itle and bunt of erlying irities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of B tive (I) (D) rect	1. Natur of Indirect Beneficia Dwnershi Instr. 4)
					Code V	(A)	(D)	Date Exerc		Expiration Date	Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Marston Ronald 2 BETHESDA METRO CENTER, SUITE 440	X						
BETHESDA, MD 20814	71						

Signatures

/s/ Ronald Marston	06/11/2018
**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.