FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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 Type Responses) 1. Name and Address of Reporting Person * Crowley Paula			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_ Director10% Owner						
(Last) (First) (Middle) 2 BETHESDA METRO CENTER, SUITE 440				3. Date of Earliest Transaction (Month/Day/Year) 06/14/2018						Officer (g	ive title below)	Ot	her (specify below	v)	
(Street) BETHESDA, MD 20814				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				
			(7:)												
(City	()	(State)	(Zip)			Table	e I - I	Non-Deriva	tive Securit	ies Acquire	d, Dispose	d of, or Ber	neficially Ow	ned	
1.Title of Security (Instr. 3)		1	2. Transaction Date (Month/Day/Year)		ĺ	c, if Code (Instr. 8		4. Securities Act (A) or Disposed (Instr. 3, 4 and 5		Owned Follo 5) Owned Follo Transaction(Ownership o Form: B	. Nature f Indirect eneficial
				(Month/Da	ay/ 1 ea		Code	V An	(A) o	or	(Instr. 3 and 4)			Direct (D) Owners or Indirect (I) (Instr. 4)	
Reminder:	Report on a s	separate line for each	n class of securities	s delleffcial	iy owi	nea an	cour		, .						
Reminder:	Report on a s	eparate line for eac	Table II -	Derivative	Secur	rities A	Acqui	Persons containe form dis	who respond in this for plays a cu	orm are no rrently val	t required id OMB c	d to respo	nd unless t		174 (9-02)
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -	Derivative (e.g., puts, 4. Transact Code	Security 5	rities A warra . Numl f f Derivati ecuriti cacquire A) or f instruction f f f f f f f f f f f f f f f f f f f	hotel design of the second sec	Persons contained form dis ired, Dispos options, con 6. Date Exe and Expirat	who respect in this for plays a cure sed of, or Be vertible sec reisable ion Date //Year)	rently valuation of Underly Securities	ot required id OMB c Owned 1 Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownershi Form of Derivative Security: Direct (D or Indirect (s) (I)	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

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

Signatures

/s/ Paula Crowley	06/15/2018
**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).
- (1) Represents units of limited partnership ("LTIP Units") in Global Medical REIT L.P. (the "OP"), the operating partnership of the Issuer.

- (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 option of the Issuer, for shares of the Issuer's common stock on a one-for-one basis. LTIP Units have no expiration date.
- (3) LTIP Units vest on June 14, 2019, subject to the Reporting Person's continued service as a director until such 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.