FORM 4	ŀ
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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).

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

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#### 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 F 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				
(Last) (First) 2 BETHESDA METRO CEN	(Middle) TER, SUITE 440	3. Date of Earliest Transaction (Month/Day/Year) 10/26/2018				Officer (give title below)	Other (specify b	elow)			
(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 PersonForm filed by More than One Reporting Person				
(City) (State)	(Zip)	Tal	Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned			
1.Title of Security     2. Transaction       (Instr. 3)     Date       (Month/Day/Year)		Execution Date, if	Code (Instr. 8)	ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: of Indir Benefic	7. Nature of Indirect Beneficial Ownership	
		(	Code	v	Amount	(A) or (D)	Price	(	or Indirect (I) (Instr. 4)		
Common Stock	10/26/2018		S <mark>(1)</mark>		1,675	D	\$ 9.02	0	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	Number and Expiration Date A		Amo	unt of	Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	Derivative		Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative							(Instr. 3 and				~	(Instr. 4)		
	Security					Acquired 4		4)			0	Direct (D)			
						(A) or					1	or Indirect			
					Disposed					Transaction(s)					
					of (D) (Instr. 3, 4, and 5)							(Instr. 4)	(Instr. 4)		
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Dute		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

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

# Signatures

/s/ Matthew Cypher	11/09/2018	
**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).
- This transaction was an inadvertent broker-initiated sale of shares from an account maintained by the Reporting Person. Such sale is matchable under Section 16(b) of the (1) Securities Exchange Act of 1934 against a portion of the reporting person's purchase of 475 shares of the Company's common stock on May 11, 2018, at a price of \$8.41 per share. The reporting person has agreed to pay the Company \$289.75, representing the full amount of profit realized in connection with the inadvertent sale.

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.