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)													
1. Name and Address of Reporting Person* MOORE ROSCOE M JR				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) (Middle) 2 BETHESDA METRO CENTER, SUITE 440				3. Date of Earliest Transaction (Month/Day/Year) 03/18/2019							Office	r (give title belo	ow)	Other (specify b	pelow)
(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					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					uired, Disposed of, or Beneficially Owned							
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any	if Coo (Ins	(Instr. 8)		ion 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	D) Beneficially Owned Following Reported Transaction(s)			Ownership Form:	Beneficial	
			(Month/Day/Year)		ode	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		03/18/2019			S		1,000		\$ 9.76	4,945			D		
Common Stock		03/18/2019			S		4,945		\$ 9.75	0			D		
Reminder:	Report on a s	separate line fo		Derivative Secur	ities A	equire	Pers cont the f	ons wh ained in orm dis	o respo n this for splays a	rm are curre reficial	not requesting ntly valid		formation spond unle trol numbe	ss	1474 (9-02)
		1		e.g., puts, calls, v	_	ts, op						ı	ı		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execution Da	4. Transaction Code (Instr. 8)	n Number of Operivative Securities and Expiration Date (Month/Day/Year)		Ame Und Secu	itle and ount of lerlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)			
				Code V	(A)	(D)	Date Exer		Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MOORE ROSCOE M JR 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814	X					

Signatures

/s/ Roscoe Moore	03/18/2019			
**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.