FC	RM	4

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 Persor Crowley Paula	1 0					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner				
2 BETHESDA METRO CENTER		3. Date of Earliest Transaction (Month/Day/Year) 05/29/2019					Officer (give title below) 0	ther (specify be	ow)	
(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 Acqui						ired, Disposed of, or Beneficially Ov	vned	
Title of Security 2. Transaction Date (Month/Day/Year		Execution Date, if	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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			3A. Deemed	4.				6. Date Exer		7. Title and			9. Number of		11. Nature
	Conversion		Execution Date, if	Transact	ion	of		and Expirati		of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivat	ive	(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securiti	ies			(Instr. 3 and	. 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	ed						Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	ed						Reported	or Indirect	
						of (D)							Transaction(s)	(I)	
						(Instr. 3	3, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								D.	F · ··		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
LTIP	(2)	05/29/2019		А		3,821		(2)	<u>(2)</u>	Common	3,821	\$ 0	7,185	D	
Unit (1)		00,29,2019				<u>(3)</u>				Stock	2,021	ψŪ	,,100	2	

Reporting Owners

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

Signatures

/s/ Paula Crowley	05/31/2019
**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).

(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 May 29, 2020, 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.