FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 * 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) 08/26/2019 | | | | | | Office | r (give title belo | ow) | Other (specify l | pelow) |
| (Street) | | | | 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 | | | | |
| BETHESDA, MD 20814 (City) (State) (Zip) | | | Ta | Table I - Non-Derivative Securities Acquired, Disposed of, or Benefi | | | | | | | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | (Instr. 8) | | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) (A) | | of (D) | Beneficia | ally Owned Following d Transaction(s) and 4) | | Ownership Form: I Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | Amoun | or t (D) | Price | | | | (I) (Instr. 4) | |
| Common Stock | | 08/26/2019 | | P | | 1,300 | A | \$ 10.68 | 4,130 | | D | | | |
| Common Stock 08/2 | | 08/26/2019 | | P | | 1,500 | A | \$ 10.72 | 5,630 | | D | | | |
| Common Stock 08/26/2019 | | | P | | 200 | A | \$ 10.69 | 5,830 | 5,830 | | D | | | |
| Reminder: | Report on a s | separate line fo | | Derivative Securit | ies Acqui | Person the ired, D | sons whatained in form dis | no responding this for splays a | orm are a currei meficial | not requality valid | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | 2 | 3. Transactio | | | 5. | - | | | | tle and | 8. Price of | 9. Number | of 10. | 11. Natur |
| Derivative Security (Instr. 3) Conversion Or Exercise (Instr. 3) Price of Derivative Security Security 3. Transaction Date (Month/Day/Ye | | Execution Da | te, if Transaction Code ('ear) (Instr. 8) | Transaction Number and Code of (M | | An Expiration Date onth/Day/Year) An Un Sec | | Amo Und Secu (Inst | ount of erlying urities r. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | hip of Indirect Beneficia Ownershi (Instr. 4) | |
| | | | | Code V | (A) (D | | - | Expiration Date | on 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 BETHESDA, MD 20814 | X | | | | | |

Signatures

| /s/ Ronald Marston | 08/27/2019 |
|--------------------|------------|
| | |

| **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.