FORM 4

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

OMB APPRO	VAL
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 * 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) 4800 MONTGOMERY LANE, SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 05/18/2017							ive title below)		ner (specify below	v)	
(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					
	SDA, MD 2											,			
(City	y)	(State)	(Zip)			Table	e I - No	on-Deriva	tive Securit	ies Acquire	d, Dispose	d of, or Ber	neficially Ow	ned	
1.Title of S (Instr. 3)	Security	1	Date		Date, i	f Coo			4. Securities Acquired (A) or Disposed of (E) (Instr. 3, 4 and 5)		Owned Following Reported Transaction(s) (Instr. 3 and 4)		ted	Ownership o Form: B	Beneficial Ownership
				(Month/Day/Year)			Code	V An	(A) o	r				\ /	
Reminder:	Report on a s	eparate line for eac	h class of securitie	s beneficial	ly own	ea aire		Persons containe	who respond	orm are no	t require	d to respo	nd unless t		174 (9-02)
Reminder:	Report on a s	eparate line for eac	Table II -	Derivative	Securi	ities A	cquire	Persons containe form dis	who respond and in this for plays a cu	orm are no rrently val	t required id OMB c	d to respo	nd unless t		474 (9-02)
1. Title of	2.	3. Transaction Date (Month/Day/Year)	Table II -	Derivative (e.g., puts, 4. Transact Code	Securicalls, w 5. ion of De See Ace (A Di of (Ir	ities A varrar Numb	cquire nts, op per 6. an (N	Persons containe form dis	who responded in this for plays a cursed of, or Betwertible securisable ion Date	orm are no rrently val	ot required id OMB c Owned Amount ing	d to respondent on trol number of 8. Price of	nd unless t	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, i	Derivative (e.g., puts, 4. Transact Code	Securicalls, w	Numberivative curities (D) (D) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	cquire nts, oppoer 6. an (N d d	Persons containe form dis ed, Disposotions, con . Date Exe nd Expirat	who respond in this for plays a cure sed of, or Be evertible sec reisable ion Date y/Year)	rently valuation of Underly Securities	ot required id OMB c Owned Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownershi Form of Derivativ. Security: Direct (D or Indirects)	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MOORE ROSCOE M JR 4800 MONTGOMERY LANE SUITE 450 BETHESDA, MD 20814	X					

Signatures

/s/ Roscoe Moore	08/14/2017
**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 election 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 18, 2018, 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.