FORM 4

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

OMB APPROVAL

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 Ty	pe Response	s)														
1. Name and Address of Reporting Person* HARRINGTON KURT R				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) 2529 VIRGINIA BEACH BOULEVARD, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 05/18/2017							_	Officer (g	ive title below)	Othe	r (specify below))
VIRGINIA BEACH, VA 23534				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						ies Acquire	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Dat		2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day		te, if C	3. Transaction Code (Instr. 8)		4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5		d of (D) Owned Follo		wing Reports)	F	wnership of orm: Be	7. Nature of Indirect Beneficial Ownership	
			(Wionth/i	Јау/ .	rear)	Code	e V	Amount	(A) c	or	(IIISU. 3 and 4)		(I	Indirect (In		
Reminder:	Report on a s	separate line for each	ch class of securitie	s benefici	ally o	owned di	irectly	Perso conta	ns who	this fo	orm are no	ot require	n of inforn d to respo	nd unless th		74 (9-02)
				Derivativ							eneficially (urities)	Owned				
Security	Conversion	3. Transaction Date (Month/Day/Year		if Transaction Code I (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)		10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisal		oiration e	Title	Amount or Number of Shares				
LTIP Unit (1)	<u>(2)</u>	05/18/2017		A		3,195 (3)		(2)		(2)	Common Stock	3,195	\$ 0	5,945	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HARRINGTON KURT R 2529 VIRGINIA BEACH BOULEVARD SUITE 200 VIRGINIA BEACH, VA 23534	X					

Signatures

/s/ Kurt Harrington	08/15/2017
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.