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

rillit of Ty	pe Response	3)													
Name and Address of Reporting Person* KIERNAN ROBERT J				2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	(Last) (First) (Middle) 00 MONTGOMERY LANE, SUITE 450			3. Date of Earliest Transaction (Month/Day/Year) 08/23/2017						X Officer (give title below) Other (specify below) Chief Financial Officer					
	(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. 1 _X	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
BETHES	SDA, MD	20814									. I offin fried o	y wore than on	ic Reporting Fers	on	
(City	ý)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date,	if Co	Trans ode nstr. 8	(A	Securities Ad) or Disposed str. 3, 4 and	1 of (D) Ow 5) Tra (In		wing Reports)		Ownership Form: I Direct (D) or Indirect (. Nature f Indirect geneficial ownership Instr. 4)
							Code	V Ar	nount (A) o					(I) (Instr. 4)	
Reminder:	Report on a s	separate line for each	h class of securities	s beneficial	ly ow	ned di	rectly	Persons	who respond	ond to the orm are no rrently vali	t require	d to respo	nd unless t		174 (9-02)
1. Title of Derivative Security (Instr. 3)	•	3. Transaction Date (Month/Day/Year)	Table II -	Derivative (e.g., puts, 4. Transact Code	Securicalls, 5	rities A warra	Acquiants, on the cive ies ed	Persons containe form dis	who respond in this for plays a cure sed of, or Betweetible securisable ion Date	orm are no rrently vali	t required d OMB commed	8. Price of	nd unless t	of 10. Ownershi Form of	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -	Derivative (e.g., puts, 4. Transact Code	Securicalls, 5 o	rities A warra i. Num of Derivat Securiti Acquire A) or	Acquiants, on the control of the con	Persons contained form dis ired, Dispos options, con 6. Date Exe and Expirat	who respond in this for plays a cure sed of, or Betweetible securisable ion Date	rently vali eneficially O urities) 7. Title and of Underlyi Securities	t required d OMB commed	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	of 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -	Derivative (e.g., puts, 4. Transact Code	Securicalls, 5 o	warra . Num f Derivat Acquire A) or f(D) Instr. 3	Acquinnts, or the state of the	Persons contained form dis ired, Dispos options, con 6. Date Exe and Expirat	who respect in this for plays a cu sed of, or Betwertible sec reisable ion Date y/Year) Expiration	rently vali eneficially O urities) 7. Title and of Underlyi Securities	t required d OMB commed	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	of 10. Ownershi Form of Derivativ Security: Direct (D or Indirect (s) (I)	11. Natur p of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KIERNAN ROBERT J 4800 MONTGOMERY LANE SUITE 450 BETHESDA, MD 20814			Chief Financial Officer				

Signatures

/s/ Robert J. Kiernan	08/25/2017
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 interest ("LTIP Units") in Global Medical REIT L.P. (the "OP"), the operating partnership of the Issuer.
- As described in the OP's partnership agreement, vested LTIP Units may be exchanged at any time after vesting, subject to certain conditions, for cash or, at the election of the Issuer, for shares of Common Stock on a one-for-one basis. LTIP Units have no expiration date.
- (3) LTIP Units vest in equal one-third installments on August 23 of 2018, 2019 and 2020.

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.