## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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* Cole Henry       |   |  |   | 2. Issuer Name and Ticker or Trading Symbol<br>Global Medical REIT Inc. [GMRE] |   |   |   |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |   |                                      |  |   |                                       |
| (Last) (First) (Middle)<br>4800 MONTGOMERY LANE SUITE 450 |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2017 |  |   |   |   |   | Office  | r (give title belo  | ow)(  | Other (specify b                     | 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 |   |   |                                      |  |   |                                       |
| BETHES<br>(City   | SDA, MD   | (State)                                    | (Zip)   |  |   |   |   |   |   |   |   |                                      |  |   |                                       |
| (City   | ,   | (State)                                    | (Zip)   | T  | able I -  | Non   | -Deri   | vative  | Securitie   | s Acq   | uired, Disp                                     | osed of, or I                        | Beneficially (   | Owned   |                                       |
| (Instr. 3) Date   |   | 2. Transaction<br>Date<br>(Month/Day/Year) |   | f Code<br>(Instr. 8)   |   |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   | Beneficially Owned Following<br>Reported Transaction(s)   |   | Ownership Form:                                 | Beneficial                           |  |   |                                       |
|   |   |  | (Month/Day/Year   | Co   | de  | V   | Amour   | (A) or  | Price   |   | or<br>(T)                                       |                                      | ` '  | Ownership<br>(Instr. 4)                             |                                       |
| Common  | Stock   |  | 11/14/2017  |  | Р   |   |   | 1,000   | Δ   | \$ 9.30   | 1 000   |                                      |  | D   |                                       |
|   |   |  |   | Derivative Securit   |   | ļuire   | conta<br>the fo   | ained i<br>orm dis                                  | n this fo<br>splays a<br>of, or Be  | orm an  | re not requently valid                          | OMB conf                             | formation<br>spond unlestrol number  | ss  | 1474 (9-02)                           |
| 1 77'41 . C   | l <sub>a</sub>  | 2 75 4                                     |   | e.g., puts, calls, w   |   |   |   |   |   |   |   | 0 D : C                              | 0.31 1   | C 10  | 11 27 /                               |
| Security  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/      | Year) Execution Da  |  | of Deriva Securit Acquir (A) or Dispos of (D) (Instr. | Number and (Mo Derivative Securities Acquired (A) or Disposed |   | ate Exercisable<br>Expiration Date<br>nth/Day/Year) |   | An<br>Un<br>Sec   | Title and nount of derlying curities str. 3 and | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Owners Form of Derivati Security Direct ( or Indire | Beneficial<br>Ownershij<br>(Instr. 4) |
|   |   |  |   | Code V   | (A)   | (D)   | Date<br>Exerc   |   | Expiration<br>Date  | On Tit  | Amount<br>or<br>Number<br>of<br>Shares          |                                      |  |   |                                       |

### **Reporting Owners**

|  | Relationships |              |         |       |  |  |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address                                     | Director      | 10%<br>Owner | Officer | Other |  |  |
| Cole Henry<br>4800 MONTGOMERY LANE SUITE 450<br>BETHESDA, MD 20814 | X             |              |         |       |  |  |

### **Signatures**

| /s/ Henry Cole                  | 11/15/2017 |
|---------------------------------|------------|
| **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).

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.