FORM 4

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

OMB APPR	OVAL
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

	pe Response														
Name and Address of Reporting Person* Cole Henry			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) 07/01/2016						-	Officer (g	ive title below)	Oti	ner (specify below)
(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				
	DA, MD														
(City	7)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y		Date			(Instr. 8		(A) or Dispose		d of (D) Owned Follo				Ownership of B	Nature f Indirect eneficial wnership	
				(Month/Day/Ye		Co		V Ar	(A) conount (D)	or	nsu. 3 and -	•)		` /	nstr. 4)
Reminder:	Report on a s	separate line for eac	h class of securities	s beneficial	ly ow	ied dir	cctiy		who resp	ond to the	collectio	n of inform	nation	SEC 14	74 (9-02)
Reminder:	Report on a s	separate line for eac	Table II -	Derivative	Secui	rities A	cqui	Persons containe form dis	who respond in this for plays a cu	orm are no rrently val	ot require lid OMB c	d to respo	nd unless t		74 (9-02)
1. Title of Derivative Security	•	3. Transaction	Table II -	Derivative (e.g., puts, 4. Transac Code	Securicalls, 5 tion o D A (4	rities A warrai	oper (ive (es id	Persons containe form dis	who respond in this for plays a cursed of, or Bovertible security and the control of the control	orm are no rrently val	ot required lid OMB c Owned d Amount ying	d to respondent on trol number of 8. Price of	nd unless t	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -	Derivative (e.g., puts, 4. Transac Code	Securicalls, 5 tion o D A (4	rities A warran Numb f f f feerivati ecuritic cquire (CQUI F f (D)) nstr. 3, and 5)	acquints, o o o o o o o o o o o o o o o o o o o	Persons contained form dis	who respect in this feplays a cu sed of, or Bovertible sec reisable ion Date y/Year) Expiration	eneficially (urities) 7. Title and of Underly Securities	ot required lid OMB c Owned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownership Form of Derivative Security: Direct (D) or Indirect s) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

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

Signatures

Henry Cole	07/06/2016
**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.

- (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 Common Stock on a one-for-one basis. LTIP Units have no expiration date.
- (3) LTIP Units vest on the earlier to occur of July 1, 2017 and the date of the Issuer's 2017 annual meeting of shareholders, provided that the Reporting Person is re-elected as a director of the Issuer at such meeting.

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.