FORM 4

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

OMB APPROVAL
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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 * Marston Ronald				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) 2 BETHESDA METRO CENTER, SUITE 440					3. Date of Earliest Transaction (Month/Day/Year) 08/12/2020					Office	r (give title belo	ow)	Other (specify b	elow)
(Street) BETHESDA, MD 20814				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					Acqui	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	Code (Instr. 8)		tion 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D)			ollowing	Ownership Form:	Beneficial	
				(Month/Day/Year)	Co	de	V Amou	(A) or (D)	Price	(Instr. 3 a	r. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Commor	Stock		08/12/2020		P	,	2,000) A	\$ 13.3	7,830			D	
Reminder:	Report on a s	eparate fine fo		Derivative Securiti	es Acq	iuire	Persons w contained the form di d, Disposed	ho respondin this for splays a of, or Ben	m are currer eficiall	not requ ntly valid	uired to res	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	n 3A. Deemed Execution Da any	te, if Transaction Code Year) (Instr. 8)	5.	er tive ries red ed 3,	6. Date Exerand Expirati (Month/Day	rcisable ion Date //Year) Expiration	7. Ti Amo Undo Secu (Inst 4)	Amount or Number of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersl Form of Derivati Security Direct (I	Beneficial Ownershi (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Marston Ronald 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814	X						

Signatures

/s/ Ronald Marston	08/12/2020
**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.