## FORM 4

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

OMB APPRO	VAL
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

	F F														
Print or Type Responses)  1. Name and Address of Reporting Person *  Crowley Paula			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) 09/02/2020							ive title below)		ner (specify below	N)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
	SDA, MD 2														
(City	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						ned					
1.Title of S (Instr. 3)	Security	1	Date			f Cod (Inst		(A) or Dispose		of (D) Owned Follo 5) Owned Follo				Ownership of Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			(Month/Day/Yea			ode V	Amount	(A) or (D) Prio		str. 3 and 4)			· /		
Reminder:	Report on a s	separate line for eac	h class of securitie	s beneficial	ly own	ed dire	Pers	ons who r ained in th	is form a	re not	require		nd unless t		474 (9-02)
Reminder: 1	Report on a s	separate line for eac	Table II -	Derivative	Securi	ties Ac	Pers cont form	ons who rained in the displays	is form a a currentl or Benefici	re not y valid ally Ov	required OMB c		nd unless t		474 (9-02)
1. Title of	2.	3. Transaction	Table II -  3A. Deemed Execution Date, i	Derivative (e.g., puts, of the derivative of the	Securicalls, we see that the second of the s	ties Ac varran	Pers cont form equired, Dits, options. er 6. Date and Ex (Month	ons who r ained in th displays	or Beneficies securities 7. Tite of Ur Securities	re not y valid ally Ow i) le and A	required d OMB c	d to respo ontrol num 8. Price of	nd unless t	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia e Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -	Derivative (e.g., puts, of the derivative of the	Securicalls, w 5. ion of De See Ac (A Di of (In	Numberivative curities (D) or (D) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	Pers cont form equired, Dits, options. er 6. Date and Ex (Month	ons who rained in the displays isposed of, convertible Exercisable piration Data/Day/Year)	or Beneficies securities 7. Tite of Ur Securities (Instr	re not y valid ally Own	required d OMB c	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirect	11. Natur p of Indirec Beneficia e Ownersh (Instr. 4)

#### **Reporting Owners**

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

### **Signatures**

/s/ Paula Crowley	09/03/2020
**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).
- (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 option 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 September 2, 2021, 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.