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

(1 IIII OI I y	pe Response	3)												
1. Name and Address of Reporting Person* Holley Danica				2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
2 BETHESDA METRO CENTER, SUITE 440				3. Date of Earliest Transaction (Month/Day/Year) 05/26/2021						X Officer (give title below) Other (specify below) Chief Operating Officer				
(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 PersonForm filed by More than One Reporting Person					
(City	y)	(State)	(Zip)		7	able I	- Non-Der	ivative Securit	ies Acquire	d, Dispose	d of, or Ber	neficially Ow	ned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr.	(A) or Dispose (Instr. 3, 4 and		d of (D) Owned Foll				Ownership of Form:	Beneficial Ownership
						Cod	le V	Amount (A) (C)					(I) (Instr. 4)	1501. 4)
Security	Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, is	(e.g., puts, call 4. , if Transaction Code		5. Number 6. ar		ired, Disposed of, or Beoptions, convertible section. 6. Date Exercisable and Expiration Date (Month/Day/Year)		Owned	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)		
(Instr. 3)	Price of Derivative Security	(Month/Day/Year) Sec Acc (A) Dis of (urities quired or posed D)			of Underly Securities (Instr. 3 an	Ü	Security	Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
(Instr. 3)	Derivative	(Month/Day/Year) Sec Acc (A) Dis of (urities quired or posed D) str. 3, 4,	(Month/l Date Exercisa	Day/Year) Expiration	Securities	Ü	Security	Derivative Securities Beneficially Owned Following Reported Transaction(Ownership Form of Derivative Security: Direct (D) or Indirect (s) (I)	of Indirect Beneficial Ownership (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Holley Danica 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814			Chief Operating Officer		

Signatures

/s/ Danica Holley	05/28/2021
**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).

- Represents units of limited partnership interest ("LTIP Units") in Global Medical REIT L.P. (the "OP"), the operating partnership of the Issuer. All of the LTIP Units vest on March 3, 2024, subject to the Reporting Person's continued employment on such date. The LTIP Units were awarded pursuant to an LTIP Unit vesting agreement, the form of which was filed as Exhibit 10.3 to the Issuer's Quarterly Report on Form 10-Q filed on May 7, 2021. The LTIP Units were issued pursuant to the Issuer's 2016 Equity Incentive Plan (as amended from time to time) and have no expiration date.
- (2) As described in the OP's partnership agreement, vested LTIP Units that have achieved capital account parity 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.

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.