FC	RM	4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 Type Responses)												
1. Name and Address of Reporting Persor Barber Jamie Allen	2. Issuer Name <b>an</b> Global Medical			<b>.</b> .	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) 2 BETHESDA METRO CENTER		3. Date of Earliest Transaction (Month/Day/Year) 05/26/2021						X_Officer (give title below) Other (specify below) General Counsel and Secretary				
(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)	Т	able I - Noi	n-Dei	rivative S	ecuritie	ired, Disposed of, or Beneficially Ov	vned				
1.Title of Security (Instr. 3)	5		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Transaction(s)	Ownership Form: of Indire Beneficia	Beneficial		
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
Security	Conversion	(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	ion		ive ies ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities		Derivative Security	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares				
LTIP Unit (Right to Buy) (1)	<u>(2)</u>	05/26/2021		А		5,630		(2)	(2)	Common Stock	5,630	\$ 0	166,385	D	

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Barber Jamie Allen 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814			General Counsel and Secretary				

### **Signatures**

/s/ Jamie Barber	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 (1) 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.

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