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

	pe Response	S)													
1. Name and Address of Reporting Person* Busch Jeffrey				2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE]						5	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) 05/26/2021						X Officer (give title below) Other (specify below) Chairman, President and CEO					
(Street) BETHESDA, MD 20814				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						lired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	ecurity		Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date	e, if Co (Ir (ear)		(A (In	Securities Ad) or Disposed (astr. 3, 4 and (A) on (D)	1 of (D) C 5) T		wing Reports)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			h class of securities		-			Persons	who respond	orm are n	ot require	d to respo	nd unless t		474 (9-02)
			Table II - D					ired, Dispo		neficially		ontrol nun	nber.		
		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	tion	, warra 5. Num	ants, aber tive ies ed	ired, Dispo	sed of, or Be vertible sec ercisable tion Date	neficially urities)	Owned and Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficia Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion	5. Num of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3	ants, aber tive ies ed	ired, Disponontions, con 6. Date Executed and Expirate	sed of, or Be evertible sec ercisable cion Date y/Year)	neficially urities) 7. Title ar of Underl Securities	Owned and Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirect Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Busch Jeffrey 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814	X		Chairman, President and CEO				

Signatures

/s/ Jeffrey Busch	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.