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	5)													
Name and Address of Reporting Person* Leon Alfonzo				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) Director X Officer (give title below) Other (specify below) Chief Investment Officer				
	(Last) (First) (Middle) BETHESDA METRO CENTER, SUITE 440				3. Date of Earliest Transaction (Month/Day/Year) 05/26/2021										
(Street)				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				
	BETHESDA, MD 20814 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						nired. Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	ecurity		Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date	e, if Co	Trans	saction 4. (A	Securities Ad or Disposed str. 3, 4 and (A) or (D)	equired 5. d of (D) 5) T1	Amount of	Securities I wing Reports	Beneficially ted	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									who respond				nation nd unless t		474 (9-02)
								form dis	splays a cu sed of, or Be	rrently val	id OMB c				
		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	ttion (, warra 5. Num	ber ive ies ed	form dis	splays a cu sed of, or Be exertible sec excisable tion Date	rrently val	Owned d Amount	8. Price of		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	4. Transact	ttion (, warra 5. Num of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3	ber ive ies ed	form dis	sed of, or Be exercisable cion Date y/Year)	neficially (urities) 7. Title and of Underly Securities	Owned d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	Ownersh Form of Derivativ Security: Direct (I or Indire (s) (I)	of Indirect Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Leon Alfonzo 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814			Chief Investment Officer			

Signatures

/s/ Alfonzo Leon	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.