FORM 4

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

OMB APPROVAL
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

(Print or Ty	pe Response	s)															
Name and Address of Reporting Person * Busch Jeffrey					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) 08/19/2021								X_ Office	er (give title bel Chairm	an, President	Other (specify be and CEO	elow)
(Street) BETHESDA, MD 20814				4. If	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)			Ta	able I	- Non	-Der	ivative S	Securities	s Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	Exec any		n Date, if	(Instr. 8)		tion	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial	
				(Moi	(Month/Day/Year)			ode	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	nd 4)		\ /	
Commor	n Stock		08/19/2021					P		1,000	Δ	\$ 15.01	41,490			D	
			Table II					equire	cont the f ed, Di	ained in form dis	n this fo splays a of, or Ber	rm are curre	e not requ	OMB con	spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution I	d Date, if	4. Transac Code	etion	5. Numl	ber vative rities ired r osed)	6. D	, conver ate Exer Expiration nth/Day/	on Date	7. Tanda Ama Und Secu	itle and ount of lerlying urities tr. 3 and		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	Beneficial Ownership (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	08/20/2021
**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).

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.