FORM 4

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

OMB APPR	OVAL
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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	3)												
Name and Address of Reporting Person * Crowley Paula			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) 05/11/2022					_	Officer (g	ive title below)	Oti	ner (specify belo	w)
(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		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				ies Acquire	d, Dispose	d of, or Ber	neficially Ow	ned		
1.Title of S (Instr. 3)	Security			2A. Deem Execution any (Month/D	Date, it	Code (Instr	. 8)	4. Securities Ad (A) or Disposed (Instr. 3, 4 and (A) or Amount (D)	d of (D) Ov 5) Tr (Ir			ted	Ownership of Form:	Beneficial Ownership
Reminder:	Report on a s	separate line for eac	Table II - I	Derivative	Securi	ties Acq	Perso conta form of	ns who responded in this following in this following is a cubosed of, or Be	orm are no rrently val	ot require id OMB c	d to respo	nd unless t		474 (9-02)
1. Title of	2. Conversion	Date Execution Date, if Transaction of and Expiration Date (Month/Day/Year) any Code Derivative (Month/Day/Year)												
Derivative Security (Instr. 3)			any	Code	tion of De Sec Ac (A) Dis of (In	rivative curities quired) or sposed (D) str. 3, 4	and Expi (Month/l	ration Date	7. Title and of Underly Securities (Instr. 3 an	Ü	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi (Instr. 4)
Security	or Exercise Price of Derivative		any	Code	tion of De See Ac (A Dis of (In ano	rivative curities quired) or sposed (D) str. 3, 4	and Expi (Month/l	ration Date Day/Year) Expiration	of Underly Securities	ring	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction(Ownersh Form of Derivativ Security: Direct (D or Indirects)	of Indirect Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Crowley Paula 2 BETHESDA METRO CENTER, SUITE 440 BETHESDA, MD 20814	X					

Signatures

/s/ Jamie Barber, as Attorney-in-Fact	05/24/2022
**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 May (1) 11, 2023, subject to the Reporting Person's continued service as a director on such date. The LTIP Units were awarded pursuant to an LTIP Unit vesting agreement. 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.