FORM 4

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

OMB APPRO	VAL
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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	~)													
Name and Address of Reporting Person * Marston Ronald			2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE] 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2022 4. If Amendment, Date Original Filed(Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 2 BETHESDA METRO CENTER, SUITE 440									_	Officer (g	ive title below)	Ot	ner (specify belo	v)	
(Street)										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)			(Zip)	Table L. Non-Darivativa Securities Again						ies Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security			2A. Deem Execution any (Month/D	Date,	, if Coo (Instance)	Trans	action (A. (A. (In	Securities Ad) or Disposed str. 3, 4 and (A) o nount (D)	equired 5. Ov 5) Tr	Amount of	Securities I wing Reports	Beneficially ted	6. Ownership Form:	Beneficial Ownership
Reminder:	Report on a s	separate line for eac	Table II - I	Derivative	Secu	rities A	Acqui	Persons containe form dis	who respond and this for a plays a cu	orm are no rrently val	ot require id OMB c	d to respo	nd unless t		474 (9-02)
1. Title of		3. Transaction	3A. Deemed	4.				and Expiration Date (Month/Day/Year) of Un Secur (Instr		urities)					
Derivative Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, it any (Month/Day/Year	Code	tion of I	Derivation Securities Acquires (A) or Dispose of (D) (Instr. 3)	ive es	and Expirat	ion Date	7. Title and of Underly Securities (Instr. 3 an	ring	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownersh (Instr. 4)
Security	or Exercise Price of Derivative		any	Code	tion of I	of Derivati Securitic Acquire (A) or Dispose of (D) Instr. 3	ive (es ed ed ed , 4,	and Expirat	ion Date y/Year) Expiration	of Underly Securities	ring	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Ownershi Form of Derivativ Security: Direct (D or Indirect (s) (I)	p of Indired Beneficial Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Marston Ronald 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.