FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* MOORE ROSCOE M JR						2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE]								(Check	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owns				vner
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 01/10/2023									Officer (g below)	ive title		Other (s	
2 BETHESDA METRO CENTER, SUITE 440				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BETHESDA	MD	20	814													•	•	one Reportin	g Person
(City)	(State)	(Zi _l	0)																
		Та	ble I - Noı	n-Der	rivativ	e Se	curitie	s Acq	uired, I	Disp	osed of,	, or	Benefi	cially Ow	ned				
Date				ransaction 2A. Deemed Execution Date, if any (Month/Day/Year)		Execution Date, if any					ities Acquired (A) or d Of (D) (Instr. 3, 4 ar			5. Amount Securities Beneficially Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount (A) or (D)		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 01/1					/10/2023				S		5,000		D	\$9.7913	0			D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, To			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	Securities Under Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	e	or Number of Shares		, ,			

Explanation of Responses:

/s/ Jamie Barber, as Attorney-in-

Fact

<u>o1/10/2023</u>

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ 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).