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

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

Name and Address of Reporting Person* Busch Jeffrey					2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [GMRE]										S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
I					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2023									X	Officer (g below) Chair	give title irman, Presider		Other (specify below) nt and CEO		
SUITE 800 (Street) BETHESDA MD 20814 (City) (State) (Zip)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date					nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Dispose Code (Instr.				quired (A) (Instr. 3,		nd 5) Securities Beneficially Owned Following Reported Transaction(s) (Ins		Form	direct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	Amount (A) or (D)		Price					(
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)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Dat if any (Month/Day/Yo	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	ion(s)			
LTIP Unit (Right to Buy) ⁽¹⁾	(2)	02/28/2023			A	13,175		(2)		(2)	Common Stock 13		13,175	\$0	629,842		D			

Explanation of Responses:

1. Represents units of limited partnership interest ("LTIP Units") in Global Medical REIT L.P. (the "OP"), the operating partnership of the Issuer. The Issuer's Board of Directors determined that on February 28, 2023, 50% of the LTIP Units will become vested and nonforfeitable as a result of meeting certain market-based performance criteria as of December 31, 2022 and February 28, 2023 and 50% of the LTIP Units will vest on February 28, 2024 pursuant to the grant award agreement stipulations. The LTIP Units were awarded pursuant to an LTIP Unit vesting agreement, the form of which was filed as Exhibit 10.1 to the Issuer's Quarterly Report on Form 10-Q filed on May 6, 2022. 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.

/s/ Jamie Barber, as Attorney-in-

Fact

** Signature of Reporting Person

02/28/2023 Date

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

- * 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.

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.