Form **8937**

(December 2011)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions. .

OMB No. 1545-2224

	Part I Reporting I	ssuer									
	Issuer's name		-		2 Issuer's employer identification number (EIN)						
٥.	ODAL MEDICAL DELT	•••									
	OBAL MEDICAL REIT, II Name of contact for add		46-4757266								
3	Name of contact for auc	nuonai information	5 Email address of contact								
ALLEN WEBB				(202) 524-5851	ALLENW@INTERAMC.COM						
6	Number and street (or P	O. box if mail is not	7 City, town, or post office, state, and Zip code of contact								
486	00 MONTGOMERY LANE	F. SUITE 450			BETHESDA, MD 20814						
	Date of action	-7 33112 400	DETTESOA, NO 20014								
	ARIOUS CUSIP number	11 Serial number(STOCK	12 Ticker symbol	13 Account number(s)						
	Oom namber	11 Genarmaniber	3)	12 Ticker Symbol	13 Account number(s)						
	N/A	N/A		GMRE	N/A						
P					See back of form for additional questions.						
14	The state of the s										
	the action ► GLOBA	L MEDICAL REIT, I	NC. MADE DI	STRIBUTIONS TO COMM	ON SHAREHOLDERS OF \$7,327,975 DURING 2016.						
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15					urity in the hands of a U.S. taxpayer as an adjustment per						
RE	TURN OF CAPITAL.										
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16					ulation, such as the market values of securities and the 2016. ALL AMOUNTS DISTRIBUTED DURING 2016 WERE						
<u>A</u> :	100 PERCENT RETURN										
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		. 12-2011)					Page 2
Part		Organizational Action (contin	ued)				
17 LI	ist the	applicable Internal Revenue Code se	ction(s) and subsection(s) upor	n which the tax t	reatment is based		
INTERN	IAL R	EVENUE CODE SECTION 301(c)(1)	AND 301(c)(2).				-
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18 C	an any	resulting loss be recognized? ► NO)				
							
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		any other information necessary to in		•	le tax year ►		
IHE RE	PORI	ABLE TAX YEAR IS 2016.					
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	Linda	penalties of perjury, I declare that I have	oversized this return, including as	companying cohor	fulse and statements	and to the best of	mu knowledge en
	belief	it is true, correct, and complete. Declarat	ion of preparer (other than officer) is	s based on all infor	mation of which prep	arer has any knowle	my knowledge and dge.
Sign	I						
Here	Signa	ture ►			Date ►		
	J.g.,ia					-10.	
	Print	/our name ►			Title ►		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check if P7	ΠN
Prepa	rer	RANDY BARRUS	South	и	2-8-17	self-employed	P00690169
Use C		Firm's name ► BAKER TILLY VIR	CHOW KRAUSE, LLP			Firm's EIN ▶	39-0859910
		Firm's address ► 8219 LEESBURG					703) 923-8622
Send Fo	rm 89	37 (including accompanying stateme	nts) to: Department of the Trea	sury, Internal Re	venue Service, Og	den, UT 84201-00)54