GLOBAL HEALTHCARE REIT, INC. Form 3 October 07, 2013 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> SCATES RYAN			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol GLOBAL HEALTHCARE REIT, INC. [GBCS]				
(Last) (Fi	irst)	(Middle)	09/30/2013	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
3050 PEACHTR NW, SUITE 3	-	AD		(Check all applicable)				
(St	reet)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
ATLANTA, CO 30305				Secretary			Person Form filed by More than One Reporting Person	
(City) (St	tate)	(Zip)	Table I - I	Non-Derivat	ive Securiti	es Ber	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	•	
Reminder: Report or owned directly or ind	-	e line for ea	ch class of securities benefic	cially S	EC 1473 (7-02))		
	informa require	ation conta d to respo	oond to the collection of ined in this form are no nd unless the form disp IB control number.	t				
Table	II - Deriv	vative Secur	ities Beneficially Owned (e.g., puts, calls,	warrants, opt	ions, co	onvertible securities)	

1. Title of Derivative Security	2. Date Exercisable and		3. Title and Amount of		4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Da (Month/Day/Year)	ate	Securities Underlying Derivative Security		Conversion or Exercise	Ownership Form of	Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)	(instr. 5)

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per 0.5 response...

(Instr. 5)

Reporting Owners

Reporting Owner Name / Addre	255	Relationships					
		10% Owner	Officer	Other			
SCATES RYAN 3050 PEACHTREE ROAD N SUITE 355 ATLANTA, CO 30305	IW Â	Â	Secretary	Â			
Signatures							
/s/ Ryan Scates 10	/07/2013						
<u>**</u> Signature of Reporting Person	Date						
Explanation of P	ocnond	2001					

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.