Rhine Zvi Michael Form 4 January 23, 2018

FORM 4

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

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 or Form 5 obligations may continue. See Instruction

if no longer

Section 16.

subject to

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * Rhine Zvi Michael

2. Issuer Name and Ticker or Trading

Symbol

GLOBAL HEALTHCARE REIT,

INC. [GBCS]

3. Date of Earliest Transaction

(Month/Day/Year)

01/23/2018

Issuer

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Check all applicable)

_X__ Director 10% Owner X_ Officer (give title Other (specify

below) President and CFO

401 E. ONTARIO STREET, SUITE

(Street)

(First)

(Middle)

2301

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

CHI	CA	UU	', П	~ or	100

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secur	ities A	equired, Dispose	d of, or Benefi	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of 6. Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	(msu. 1)	
Stock							1,125,082	D		
Common Stock	01/23/2018		A	93,750	A	\$ 0 (1)	1,218,832	D		
Common Stock							555,000	I	Sabra Investments, LP, of which Reporting Person is a control	

person.

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

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 control number.

SEC 1474 (9-02)

> 8. Pr Deri Secu (Inst

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.		5.	6. Date Exercis	sable and	7. Title and A	Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ctio	nNumber	Expiration Dat	e	Underlying S	Securities	J
Security	or Exercise		any	Code		of	(Month/Day/Y	ear)	(Instr. 3 and	4)	5
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8)	Derivative	2				(
	Derivative					Securities					
	Security					Acquired					
	•					(A) or					
						Disposed					
						of (D)					
						(Instr. 3,					
						4, and 5)					
										Amount	
							Date	Expiration	Title	or	
							Exercisable	Date		Number	
				Code	V	(A) (D)				of Shares	
									Common		
Warrants	\$ 0.75						01/13/2017	12/13/2018		50,000	
	•								Stock	,	

Reporting Owners

Reporting Owner Name / Address	Relationships							
Troporting o where the control of	Director	10% Owner	Officer	Other				
Rhine Zvi Michael 401 E. ONTARIO STREET SUITE 2301 CHICAGO, IL 60611	X		President and CFO					

Signatures

/s/ Zvi Rhine 01/23/2018

**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).
- (1) Shares acquired in exchange for services as a Director valued at \$0.32 per share.

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.

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