GLOBAL HEALTHCARE REIT, INC.

Form 4

December 08, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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).

(Print or Type Responses)

1. Name and SCARBOR	_	Symbol	AL HEA	nd Ticker or Trading LTHCARE REIT,	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 595 ATLA	(First) (Middle)	3. Date of	of Earliest ' Day/Year)	Γransaction	Director _X_ Officer (g below)		` . .
DOGWELL	(Street)			endment, I onth/Day/Ye	Date Original ar)	6. Individual or Applicable Line) _X_ Form filed b	y One Reportin	g Person
(City)	(State)	(7in)				Person		
(City)	(State)	(Zip)	Tab	ole I - Non-	-Derivative Securities Ac	quired, Disposed	l of, or Benefi	icially Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)			3. Transacti	4. Securities Acquired or(A) or Disposed of (D)	5. Amount of Securities	6. Ownership	7. Nature of Indirect

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	08/14/2014		Code V P	Amount 2,000	(D)	Price \$ 0.98	74,836	D	
Common STock	08/21/2014		P	1,241	A	\$ 0.97	76,077	D	
common stock	08/21/2014		P	59	A	\$ 0.96	76,136	D	
common stock	10/31/2014		X	50,000	A	\$ 0.5	126,136	D	
common stock							35,000	I	Phillip S. Scarborough IRA

Edgar Filing: GLOBAL HEALTHCARE REIT, INC. - Form 4

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)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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 Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities	1		(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
									of		
				Code V	I (A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

Director 10% Owner Officer Other

SCARBOROUGH PHILIP S 595 ATLANTA STREET SUITE D

CFO

ROSWELL, GA 30075

Signatures

/s/ Phillip

Scarborough 12/08/2014
**Signature of Date

Reporting Person

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).

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.

Reporting Owners 2