# FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
nours per response	e 0.5					

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 OF SECURITIES

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

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Name and Address of Reporting Person *  Poskon Paula				Wh	2. Issuer Name and Ticker or Trading Symbol Wheeler Real Estate Investment Trust, Inc. [WHLR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 2529 VIRGINIA BEACH BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020											
VIRGINIA BEACH, VA 23452				4. If	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 Person					
(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)		Execu	2A. Deemed Execution Date, if		3. Transaction Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)  (A) or		quired of (D)	5. Amount of Se Beneficially Ow Reported Transa (Instr. 3 and 4)		ies Following	6.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Stock		05/15/2020			J	)		11,000	A	\$ 1.448	8 50,200			D	
Reminder:	Report on a s	eparate line i	for each class of secu	- Deriv	ative Securi	ties A	cquir	Per con the	sons whatained in form dis	no responding this factoring the second seco	form ar a curre eneficia	e not requently valid	ction of inf uired to res OMB conf	spond unle	ss	1474 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day	Execution D	l Pate, if	Code	5.	ber vative rities nired or osed 0)	6. I and (M	Date Exer I Expirationth/Day/	cisable on Date	7. T Am Und Sec (Ins 4)	Amount or Number of Shares		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Benefici Ownersk (Instr. 4)

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Poskon Paula 2529 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23452	X							

# **Signatures**

/s/ Paula Poskon	05/18/2020
**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).

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.