FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

| 1 Name ar | | | | | | | | | | | | | | | |
|--|------------------|-------------------|---|--|--|---|--|---|--|---|---------------------------------------|--|--------------------------------------|--|---|
| (Print or Type Responses) 1. Name and Address of Reporting Person * Kelly David | | | 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 | | | | | |
| (Last) (First) (Middle) 2529 VIRGINIA BEACH BOULEVARD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2018 | | | | | | | Pı | resident & C | EO | | |
| (Street) | | | 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 | | | | | | | |
| | | I, VA 23452 | | | | | | | | | | d by Wore than | One resporting | CISOII | |
| (City | 7) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | I | 2. Transaction Date Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Yea | f Code (Instr. 8) | | (A (D | 4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5) | | of | Beneficia | ally Owned Following I Transaction(s) | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Cod | de | V An | nount | · / | Price | | | | (I) (Instr. 4) | |
| Common | Stock | (| 03/20/2018 | | P | | 15 | ,000 | A | \$ 3.44 | 26,679 | | | D | |
| | Report on a | separate line for | each class of secu | rities beneficially | owned o | direct | ly or | | | | | | | | |
| Reminder: indirectly. | Report on a | separate line for | each class of secu | urities beneficially | owned o | P | ersons ontain | ed in | this fo | rm ar | e not req | uired to re | formation spond unl itrol numb | ess | EC 1474 (9- 02) |
| | Report on a | separate line for | Table II - D | perivative Securit | ies Acq | P co th | ersons ontain ne forn , Dispo | ed in n dis _l sed of | this fo plays a f, or Ber | rm ar curre | e not req ently valid lly Owned | uired to re d OMB cor | spond unl | ess | , |
| indirectly. 1. Title of | 2. Conversion | 3. Transaction | Table II - D | Derivative Securit | 5. Nun of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and | Pccttruired. uired. optic a a tive (a a a a a b a a a a a b a a a a a a a | ersons ontain ne forn , Dispo | ed in disp | this fo plays a f, or Ber ble secu isable n Date Year) | rm arcurre neficia nrities) 7. T Amo Und Sect (Ins 4) | e not req ently valid lly Owned | 8. Price of Derivative Security | spond unl | of 10. Ownersl Form of Derivati Security Direct (1 or Indire | 11. Natur of Indirec Beneficia Ownershi : |

Reporting Owners

| Donation Owner Many / Addison | Relationships | | | | | | |
|--|---------------|-----------|-----------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Kelly David 2529 VIRGINIA BEACH BOULEVARD VIRGINIA BEACH, VA 23452 | X | | President & CEO | | | | |

Signatures

| /s/ David Kelly | 03/22/2018 |
|-------------------------------|------------|
| 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).

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.