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

OMB APPR	OVAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per response	e 0.5				

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

Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person * Sweet John				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 Officer (give title below)  Other (specify below)				
(Last) (First) (Middle) RICHMOND HONAN MEDICAL PROPERTIES, INC., 975 JOHNSON FERRY ROAD, SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 12/19/2016												
(Street) ATLANTA, 2Q 30342				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)		Tal	ole I - I	Non-	Deriv	ative S	ecurities	Acqui	red, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		Execution Date, if Co		Code (Instr	le		4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securitie Beneficially Owned For Reported Transaction(s) (Instr. 3 and 4)		ollowing (s)	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Co	de	V	Amoun	(A) or (D)	Price				(I) (Instr. 4)	
Common	Stock		12/19/2016			F	)		10,000	11 /	\$ 1.62	10,000			D	
Reminder:	Report on a	separate line fo	or each class of secu	rities bene	ficially	owned	direc	tly or								
•							ď	conta	ined i	n this fo	rm are	e not req		formation spond unl itrol numb	ess	EC 1474 (9- 02)
			Table II - D	erivative								ly Owned	l			
1. Title of Derivative Security (Instr. 3)	Conversion	ivative	Execution Da Day/Year) any	rate, if Transaction of Code (Instr. 8) Se Ac (A Di of (Ir transaction of Code		5. Nur of Deriva Securi Acquir (A) or Dispos of (D) (Instr.	Derivative (Mo Securities Acquired (A) or Disposed		Expiration Date onth/Day/Year)		7. Ti Amo Und Secu	itle and bunt of erlying urities rr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	(Instr. 4)
				Co	de V	(A)	(D)	Date Exerc	cisable	Expiratio Date	n Title	Amount or Number of Shares				
Repor	ting O	wners														

Bounday Owney Name / Add on	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sweet John RICHMOND HONAN MEDICAL PROPERTIES, INC. 975 JOHNSON FERRY ROAD, SUITE 450 ATLANTA, 2Q 30342	X					

# **Signatures**

/s/ John W. Sweet	12/20/2016
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 nu	mber.