## Edgar Filing: GLOBUS MEDICAL INC - Form 4

GLOBUS M	IEDICAL INC											
Form 4												
January 27,	2016											
FORM	ΛΔ								PPROVA	۱L		
	UNITED	Washington, D.C. 20549								-0287		
Check the first of the check the che	states states									ry 31, 2005		
Section Form 4				SECU	burden ho	•	0.5					
Form 5 obligation may con <i>See</i> Instr 1(b).	Filed put ons Section 170	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										
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Williams Anthony L			2. Issuer Name <b>and</b> Ticker or Trading Symbol GLOBUS MEDICAL INC [GMED]				5. Relationship of Reporting Person(s) to Issuer					
			GLOB	US MED	ICAL IN		] (Check all applicable)					
(Last)	(First) (	Middle)	3. Date of Earliest Transaction									
2560 GENERAL ARMISTEAD AVENUE			(Month/Day/Year) 01/25/2016				Director 10% Owner X Officer (give title Other (specify below) below) President					
	(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					
AUDUBO	N, PA 19403						Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned	d		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securiti onAcquired Disposed (Instr. 3, 4	(A) or 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 Indirect Beneficia Ownersh (Instr. 4)	al ip		
				Code V	Amount	(D) Price	(msu: 5 and 4)					
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	Perso inform requir	ns who res lation cont ed to respo	or indirectly. spond to the colle tained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)			

 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. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year) Execution Date, if		TransactionDerivative		Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	or (I (I	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy Class A Common Stock)	\$ 25.52	01/25/2016		A	6	50,000		<u>(1)</u>	01/25/2026	Class A Common Stock	60,000

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
Reporting O when the	Reporting Owner Mane / Address			Officer	Other		
Williams Anthony L 2560 GENERAL ARMIS AUDUBON, PA 19403			President				
Signatures							
/s/ Anthony L. Williams	01/27/2016						
**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).

These options were granted on January 25, 2016, and vest over a four-year period with one-fourth (1/4) of the options granted vesting on (1) January 1, 2017, the first anniversary of the vesting commencement date, and the balance of the options granted vesting ratably on a

monthly basis over the following 36 months.

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.