FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b)

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vasimigton,	D.O.	200-0

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

## OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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*     TOBIN JAMES R						2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
TODIN TRIVILOR						:: _								X	X Director			10% O	wner			
	FORGE E	BUSINESS CEN				3. Date of Earliest Transaction (Month/Day/Year) 05/10/2021									Officer below)	(give title	Other (: below)	specify				
2560 GE	NERAL A	RMISTEAD AV	ENUE		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													٦	X	Form f	iled by One	Reno	ortina Perso	n I			
AUDUB	ON PA	A	19403		_	X Form filed by One Reporting Perso Form filed by More than One Repo											- 1					
(City)	(S	tate)	(Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		Transaction Dis			curities Acquired (A) o osed Of (D) (Instr. 3, 4 a		Benefic Owned		es Fo ially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)			
Class A Common Stock 05/10/2					)/2021	2021		M		25,000	A	\$43	.77	25	,000		D					
Class A Common Stock 05/10/2					)/2021	2021		S		25,000	D	\$71.9	96(1)		0		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transac Code (I 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	er								
Stock Option (Right to Buy Class A Common Stock)	\$43.77	05/10/2021			М			25,000	(2)		01/22/2028	Class A Common Stock	25,00	00	\$0.00	0		D				

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$71.80 to \$72.16, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.
- 2. These options are fully vested.

## Remarks:

/s/ Kelly G. Huller, Attorney-

05/12/2021

in-Fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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.

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 Number.