

OMB APPROVAL	
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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**

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 and Address of Reporting Person* <b>GOLDMAN SACHS &amp; CO</b>  (Last) (First) (Middle) <b>200 WEST STREET</b>  (Street) <b>NEW YORK NY 10282</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>GLOBUS MEDICAL INC [ GMED ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <b>04/01/2013</b>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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 of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*  
**GOLDMAN SACHS & CO**  
 (Last) (First) (Middle)  
**200 WEST STREET**  
 (Street)  
**NEW YORK NY 10282**  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
**GOLDMAN SACHS GROUP INC**  
 (Last) (First) (Middle)  
**200 WEST STREET**  
 (Street)  
**NEW YORK NY 10282**  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*

[GS Direct, L.L.C.](#)

(Last) (First) (Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[GOLDMAN SACHS INVESTMENT PARTNERS MASTER FUND, L.P.](#)

(Last) (First) (Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[GOLDMAN SACHS INVESTMENT PARTNERS GP, LLC](#)

(Last) (First) (Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE OFFSHORE ADVISORS, INC.](#)

(Last) (First) (Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE FUND OFFSHORE HOLDINGS, L.P.](#)

(Last) (First) (Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City) (State) (Zip)

1. Name and Address of Reporting Person*		
<u>GOLDMAN SACHS PRIVATE EQUITY PARTNERS 2004, L.P.</u>		
(Last)	(First)	(Middle)
200 WEST STREET		
(Street)		
NEW YORK	NY	10282
(City)		
(State)	(Zip)	
1. Name and Address of Reporting Person*		
<u>GOLDMAN SACHS PEP 2004 ADVISORS, L.L.C.</u>		
(Last)	(First)	(Middle)
200 WEST STREET		
(Street)		
NEW YORK	NY	10282
(City)		
(State)	(Zip)	

**Explanation of Responses:**

**Remarks:**

Cessation as Reporting Persons reflects a reduction of beneficial ownership as defined in Section 13(d) of the Securities Exchange Act of 1934, as amended.

/s/ Kevin P. Treanor, Attorney- 04/08/2013  
in-fact  
/s/ Kevin P. Treanor, Attorney- 04/08/2013  
in-fact  
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in-fact  
/s/ Kevin P. Treanor, Attorney- 04/08/2013  
in-fact  
/s/ Kevin P. Treanor, Attorney- 04/08/2013  
in-fact  
/s/ Kevin P. Treanor, Attorney- 04/08/2013  
in-fact  
/s/ Kevin P. Treanor, Attorney- 04/08/2013  
in-fact  
/s/ Kevin P. Treanor, Attorney- 04/08/2013  
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.**