FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Norwalk Leslie V						2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]									Relationship heck all app Direc	licable)	ng Per	rson(s) to Is 10% Ov		
(Last)	(Fir	est) (M			te of E	of Earliest Transaction (Month/Day/Year) 024						Office below	er (give title v)		Other (s below)	specify				
2560 GENERAL ARMISTEAD AVE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)																•		orting Perso		
AUDUB	ON PA	PA 19403				Form Perso							n filed by More than One Reporting on							
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication															
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Exe if an	2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			nd Securit Benefic Owned	ties cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	) or )	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Class A Common Stock 07/11/2					2024				S <sup>(1)</sup>		1,000	]	D	\$70	) 10	6,419		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. Dee Execution if any (Month/I		4. Transaction Code (Instr. 8)		of		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nur of	ount nber res							

## **Explanation of Responses:**

1. This sale was effected pursuant to a Rule 10b5-1 trading plan dated December 14, 2023 executed by the reporting person.

/s/ Kelly G. Huller, Attorneyin-Fact

\*\* Signature of Reporting Person

07/15/2024

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.