# FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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)

Check this box to indicate that a Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Instruction 10.

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 Add Scavilla Date		Person*	2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner
(Last) VALLEY FOR 2560 GENERA	(First) RGE BUSINES		3. Date of Earliest Transaction (Month/Day/Year) 11/21/2024	Officer (give title Other (specify below)  President, CEO
(Street) AUDUBON (City)	PA (State)	19403 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person

lable 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 are			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(11301. 4)		
Class A Common Stock	11/21/2024		M		50,000	A	\$43.77	50,000	D			
Class A Common Stock	11/21/2024		M		80,000	A	\$43.58	130,000	D			
Class A Common Stock	11/21/2024		<b>S</b> <sup>(1)</sup>		130,000	D	\$85	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8) Scurities 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)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy Class A Common Stock)	\$43.77	11/21/2024		М			50,000	(2)	01/22/2028	Class A Common Stock	50,000	\$0	0	D	
Stock Option (Right to Buy Class A Common Stock)	\$43.58	11/21/2024		М			80,000	(3)	01/22/2029	Class A Common Stock	80,000	\$0	0	D	

#### **Explanation of Responses:**

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan dated June 7, 2024 executed by the reporting person.
- 2. These options were granted on January 22, 2018 and are fully vested.
- 3. These options were granted on January 22, 2019 and are fully vested.

/s/ Kelly G. Huller, Attorney-

11/25/2024

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.