## FORM 4

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

Washington, D.C. 20549

	box	longer	

## 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).

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

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.

Instruc	tion 10.																		
1. Name and Address of Reporting Person* Scavilla Daniel T						2. Issuer Name <b>and</b> Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]								5. Relationship of Reporting Pers (Check all applicable)  Director				10% Ov	vner
	) (First) (Middle) LLEY FORGE BUSINESS CENTER ) GENERAL ARMISTEAD AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 11/06/2024								Officer (give title Other (specify below)  President, CEO					
(Street) AUDUBON PA 19403			=   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(S		(Zip)							<u> </u>		f D .			•				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/Date					action	ction 2A. Deemed Execution Date,		3. 4. Securiti Transaction Code (Instr. 5)		ties Acquired (A) or 1 Of (D) (Instr. 3, 4 a		r	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		e	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Class A Common Stock 11/06/					5/202	2024		М		30,00	0 A \$2		6.27	30,000			D		
Class A Common Stock 11/06/					5/202	2024		M		30,00	30,000 A \$		3.77	60,000			D		
Class A Common Stock 11/06/				5/202	2024		S <sup>(1)</sup>		60,000 D \$8		\$8	0.02	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	n Date Exect e (Month/Day/Year) if any				action (Instr.	of		6. Date Exercisab Expiration Date (Month/Day/Year)		е	of Securities		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to Buy Class A Common Stock)	\$26.27	11/06/2024			М		30,000		(2)		01/30/2027	Class A Common Stock	30,0	00	\$0	0		D	
Stock Option (Right to Buy Class A Common Stock)	\$43.77	11/06/2024			M		30,000		(3)		01/22/2028	Class A Common Stock	30,0	00	\$0	50,000	)	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 30, 2017 and are fully vested.
- 3. These options were granted on January 22, 2018 and are fully vested.

/s/ Kelly G. Huller, Attorneyin-Fact
\*\* Signature of Reporting Person

11/08/2024

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.