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)

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

| Dougla (Last) | . Name and Address of Reporting Person* Douglas Robert Andrew (Last) (First) (Middle) VALLEY FORGE BUSINESS CENTER | | | | 2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [GMED] 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2023 | | | | | | | (Ch | elationship o eck all applic X Directo Officer below) | able) | g Pers | on(s) to Iss 10% Ov Other (s below) | ner | |
|--|---|------------|-------------------------------------|-------|--|--|--------|------------|---------------------|---|---|---|--|---|--------|--|-----|--|
| 2560 GENERAL ARMISTEAD AVENUE | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) AUDUBON PA 19403 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | Execution Date, | | Code (Ins | | | | | 5. Amour Securitie Beneficia Owned F Reported | es F ially (I Following (I | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V | Amou | ınt | (A) or (D) | | Transacti (Instr. 3 a | ion(s) | | | | | | | |
| 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) | rivative Conversion Date Execution Date, Treurity or Exercise (Month/Day/Year) if any | | ansaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | es J Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | |
| | | | | C | ode | v | (A) | (D) | Date Exercisable | Expiration Date | | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy Class A Common Stock) | \$75.18 | 01/26/2023 | | | A | | 15,000 | | (1) | 01/26/20 | 33 C | Class A Common Stock | 15,000 | \$0.00 | 15,000 | 0 | D | |

Explanation of Responses:

1. These options were granted on January 26, 2023, and vest over a four-year period with one-fourth (1/4) of the options granted vesting on January 1, 2024, the first anniversary of the vesting commencement date, and the balance of the options granted vesting ratably on a monthly basis over the following 36 months.

Remarks:

/s/ Kelly G. Huller, Attorney-

02/27/2023

** 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.