Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington, D.C. 20549

	CIVID 7 II I
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner resnonse.	0.5							

1. Name and Address of Reporting Person* Davidar David D				2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [GMED]									5. Relationship of Repo (Check all applicable) X Director			ŭ	10%	Owner
		BUSINESS CEN		3. Date of Earliest Transaction (Month/Day/Year) 04/19/2022										Office below	er (give ti	tle	Othe belo	er (specify w)
2560 GENERAL ARMISTEAD AVENUE				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) AUDUB	ON PA	. 1	9403]	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes			ar) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			1 5)	5. Amount of Securities Beneficially Owned Following		6. Own Form: (D) or Indired (Instr.	Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Co	Code V			(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(,		` '
Class A (Common St	on Stock 04/19/2022 s ⁽¹⁾ 31,500 D \$78.034 ⁽²⁾ 601,275 D				D												
Class A Common Stock												205,	,967 I		I	By Davidar Family Irrevocable Trust U/A 8/6/09 ⁽³⁾		
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)	Deemed 4. 5. Nu provided the control of Code (Instr. Deriv			mber ative rities ired osed	mber Expiration Date (Month/Day/Year) (Month/Day/Year) (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. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
				Code	v	(A)	(D)	Date (D) Exercisa		Expiration Date			er					

Explanation of Responses:

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan executed by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$78.00 to \$78.15, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.
- 3. These shares are held in a trust for the benefit of the reporting person's spouse and children. The reporting person's spouse is trustee of the trust.

Remarks:

/s/ Kelly G. Huller, Attorney-

04/21/2022

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.