FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					<u> </u>		011 00(11)		investment		inputity 7 tot	0. 20.0								
1. Name and Address of Reporting Person* <u>Huller Kelly</u>					2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [GMED]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
														Directo	r (give title		10% Ov Other (s			
(Lact)	(=	irct)	(Middle)		3 [Date of Earliest Transaction (Month/Day/Year)								X	below)	(give title		below)	pecily	
(Last) (First) (Middle) VALLEY FORGE BUSINESS CENTER						01/26/2023									SVP,	GC, Corp	orate	e Secretary	7	
2560 GENERAL ARMISTEAD AVENUE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					"									Line)						
AUDUB	ON PA	A	19403											X		•	ne Reporting Person			
														Form filed by More than One Reporting Person					ting	
(City)	(S	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (Ins	tr. 3)		2. Trans	action		2A. Deem		3.		4. Securi	ties Acquii	red (A) or		. Amour				7. Nature	
				Date (Month/I	Day/Year)		Execution Date, if any		Code (Instr.				str. 3, 4 aı	Ben		icially (D)		or Indirect	of Indirect Beneficial	
ľ						(Month/Day/Year)		8)			_	Owned F Reporte		ı " '`` ı			Ownership (Instr. 4)			
								Code	٧	Amount	(A) d (D)	Price		ransacti Instr. 3 a						
Table II - Derivati							urities	Acar	ıired. Di	ispo	sed of.	or Ben	eficial	v Ow	ned					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed		4.				6. Date Exercisable and 7. Title and A					rice of	9. Number of derivative Securities		10.	11. Nature		
Derivative Security	Conversion or Exercise		Execution I		ransaction Code (Instr.				Expiration Date (Month/Day/Year)			of Securities Underlying		Derivative Security			Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day	/Year) 8	3)	Securities Derivative Se Acquired (Instr. 3 and 4					(Ins	nstr. 5) Beneficially Owned		ly	Direct (D) or Indirect	Ownership (Instr. 4)				
	Security					(A) or Disposed						,			Following Reported		(I) (Instr. 4)	, ,		
						of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)				
			9, 1 9,					Amount		_		(
								ш					or Numbe							
				Ι,	Code	v	(A)		Date Exercisabl		xpiration ate	Title	of Shares							
Stock				-	Jue	•	(^)	(0)	LACIGISADI	+	ruic	- nue	Jilaies	+						
Option																				
(Right to Buy Class	\$75.18	01/26/2023			Α		30,000		(1)	0	1/26/2033	Class A Common	30,00) \$	0.00	30,000		D		
A Common												Stock								
Stock)													1							

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

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.