FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

W D.O. 00540	
Washington, D.C. 20549	

OMB APPROVAL

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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 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Address of Reporting Person* RHOADS ANN D						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) (First) (Middle) VALLEY FORGE BUSINESS CENTER					3. Date of Earliest Transaction (Month/Day/Year) 09/13/2024								Officer below)	(give title	Other (spec below)		specify			
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) AUDUB	SON PA	A	19403												Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
			ole I - No			_			.	, Dis		•		y Owned						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 are produced in the control of the		I (A) or . 3, 4 and 5	r 5. Amount of Securities Beneficially Owned Following Reported		Form: D (D) or In	6. Ownership 7 Form: Direct (D) or Indirect (I) (Instr. 4)						
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)						
Class A Common Stock				09/13/2024					М		15,000	A	\$24.1	5.52 57,884		D D				
					09/13/2024				M				\$25.52							
Class A Common Stock 09/13/2									S		,,,,,,		\$70.36		,884	D				
			Table II								osed of, converti			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (I 8)		on of		6. Date Exercis Expiration Date (Month/Day/Yea		e	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ov S Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to Buy Class A Common	\$24.1	09/13/2024			М			15,000	(2)		01/20/2025	Class A Common Stock	15,000	\$0	0		D			
Stock)							+													

Explanation of Responses:

Common

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$70.10 to \$70.53, 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 (1) to this Form 4.
- 2. These options were granted on January 20, 2015 and are fully vested.
- 3. These options were granted on January 25, 2016 and are fully vested.

/s/ Kelly G. Huller, Attorney-

09/17/2024

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.