

GLOBUS MEDICAL INC  
 Form 4  
 January 22, 2015

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
 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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**LIPTAK ROBERT**

(Last) (First) (Middle)

**VALLEY FORGE BUSINESS CENTER, 2560 GENERAL ARMISTEAD AVENUE**

(Street)

**AUDUBON, PA 19403**

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

**GLOBUS MEDICAL INC [GMED]**

3. Date of Earliest Transaction (Month/Day/Year)

**01/20/2015**

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|
|                                 |                                      |  |                                | (A) or (D)  | Amount or Price   |  |                                   |
| Class A Common Stock            |                                      |  |                                |   | 26,159  | D  |                                   |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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| 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) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Amount or Number of Shares |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|-------------------------------|
| Stock Option (Right to Buy Class A Common Stock) | \$ 24.1  | 01/20/2015                           |  | A                              | 15,000  | (1) 01/20/2025   | Class A Common Stock  | 15,000                        |
| Stock Option (Right to Buy Class A Common Stock) | \$ 15.34   |                                      |  |                                |   | (2) 08/29/2022   | Class A Common Stock  | 15,300                        |
| Stock Option (Right to Buy Class A Common Stock) | \$ 12.59   |                                      |  |                                |   | (3) 01/30/2023   | Class A Common Stock  | 7,500                         |
| Stock Option (Right to Buy Class A Common Stock) | \$ 23.95   |                                      |  |                                |   | (4) 01/23/2024   | Class A Common Stock  | 10,000                        |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |         |       |
|--|---------------|-----------|---------|-------|
|  | Director      | 10% Owner | Officer | Other |
| LIPTAK ROBERT<br>VALLEY FORGE BUSINESS CENTER<br>2560 GENERAL ARMISTEAD AVENUE | X             |           |         |       |

AUDUBON, PA 19403

## Signatures

/s/ David P. Creekman,  
Attorney-in-Fact

01/22/2015

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* 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).
- (1) These options were granted on January 20, 2015, and vest over a three-year period with one-twelfth (1/12) of the options granted vesting on March 31, 2015, and the balance of the options granted vesting ratably on a quarterly basis over the following 11 quarters.
  - (2) These options vest over a three-year period with one-twelfth (1/12) of the options granted vesting on December 31, 2012, and the balance of the options granted vesting ratably on a quarterly basis over the following 11 quarters.  
These options were granted on January 30, 2013, and vest over a four-year period with one-fourth (1/4) of the options granted vesting on
  - (3) January 1, 2014, 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.  
These options were granted on January 23, 2014, and vest over a four-year period with one-fourth (1/4) of the options granted vesting on
  - (4) January 1, 2015, 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.