(City)

(State)

(Zip)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

matruci	non no).			Filed				. ,			es Exchan npany Act	-		34					
The state of the s						2. Issuer Name <b>and</b> Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)      The Applicable (Check all applicable)      The Applicable (Check all applicable)					
(Last)	(Fi	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/01/2013							Director X 10% Own Officer (give title Other (sp below) below)			(specify			
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person							
NEW YORK NY 10282													X Form	n filed by Mor on	re than O	ne Rep	orting		
(City)	(S:		Zip)	law Dawin				A-		D:		•	Dama	<b>.</b>					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			tion 2A. D Execu y/Year) if any		. Deem ecution	ed	3. 4. Sec Transaction Dispo		4. Securi	urities Acquired sed Of (D) (Instr.		d (A)	or 5. Am	ount of ities icially d wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	V	Amount	(1	A) or D)	Pric	Trans	action(s) 3 and 4)			
		Та	ble II	- Derivat	ive Se uts, ca	cu IIs	rities , war	Acqu rants,	ired, Di	spo s, co	sed of, onvertib	or Be le se	enefic curit	ciall ies)	y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		ivative urities uired or posed D) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and	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 (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	, (A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					
		of Reporting Person	*																
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NEW YORK	NY	10282
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City)  . Name and Addre	ss of Reporting Per	son <sup>*</sup>
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. Name and Addre GOLDMAN S CONCENTE OFFSHORE	SACHS PRIN RATED HEAI ADVISORS	/ATE EQUITY LTHCARE ,INC.
. Name and Addre	SACHS PRIVATED HEAD ADVISORS  (First)	/ATE EQUITY LTHCARE
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Name and Addre SOLDMAN S CONCENTE OFFSHORE Last) 200 WEST STRI Street) NEW YORK City)	SACHS PRINATED HEAD ADVISORS  (First)  EET  NY  (State)	/ATE EQUITY LTHCARE ,INC. (Middle)
. Name and Addre GOLDMAN S CONCENTE OFFSHORE  Last) 200 WEST STRI Street) NEW YORK  City) . Name and Addre	SACHS PRINTER ATED HEAD ADVISORS  (First)  EET  NY  (State)  ss of Reporting Per	/ATE EQUITY LTHCARE ,INC. (Middle)
. Name and Addre GOLDMAN S CONCENTE OFFSHORE  Last) 200 WEST STRI Street) NEW YORK  City) . Name and Addre GOLDMAN S CONCENTE	SACHS PRINATED HEAD ADVISORS  (First) BET  NY  (State)  SS of Reporting Person SACHS PRINATED HEAD	/ATE EQUITY _THCARE _INC.  (Middle)  10282  (Zip)  son* /ATE EQUITY _THCARE FUND
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1. Name and Addre	ss of Reporting Pe	rson*						
GOLDMAN SACHS PRIVATE EQUITY								
PARTNERS 2004, L.P.								
(Last)	(First)	(Middle)						
200 WEST STREET								
,								
(Street)								
NEW YORK	NY	10282						
(City)	(State)	(Zip)						
1. Name and Addre	ss of Reporting Pe	rson*						
GOLDMAN SACHS PEP 2004 ADVISORS.								
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L.L.C.								
(Last)	(First)	(Middle)						
200 WEST STREET								
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(Street)								
NEW YORK	NY	10282						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

## Remarks:

Cessation as Reporting Persons reflects a reduction of beneficial ownership as defined in Section 13(d) of the Securities Exchange Act of 1934, as amended.

/s/ Kevin P. Treanor, Attorney-	04/08/2013
<u>in-lact</u>	
/s/ Kevin P. Treanor, Attorney-	04/08/2013
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/s/ Kevin P. Treanor, Attorney-	04/08/2013
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/s/ Kevin P. Treanor, Attorney-	04/08/2013
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/s/ Kevin P. Treanor, Attorney-	04/08/2013
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/s/ Kevin P. Treanor, Attorney-	04/08/2013
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/s/ Kevin P. Treanor, Attorney-	04/08/2013
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/s/ Kevin P. Treanor, Attorney-	04/08/2013
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/s/ Kevin P. Treanor, Attorney-	04/08/2013
<u>in-fact</u>	07/00/2013
** Signature of Reporting Person	Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).