FORM 4

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

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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)

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

											' '							
Name and Address of Reporting Person*     Wolterman Dan						2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]								eck all appli	ionship of Reportin all applicable) Director		son(s) to Iss 10% Ov	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023								Officer below)	r (give title )		Other (s below)	specify
2560 GENERAL ARMISTEAD AVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) AUDUBON PA 19403													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication													
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
		Tak	ole I - Nor	า-Deriv	/ative	e Se	curities	s Ac	quired,	Dis	posed c	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3)  2. Transc Date (Month/D						action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		ed (A) or str. 3, 4 and	Benefici Owned F	es Form ally (D) o following (I) (Ir		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o (D)	r Price		saction(s) . 3 and 4)			(Instr. 4)	
Class A Common Stock 09/01/					1/2023		A		24,02	25 A	(1)	24	24,025		D			
			Table II -									or Ben ble secu		Owned				
1. Title of Derivative Security (Instr. 3)	vative   Conversion   Date   Execution Date,   if any				ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy Class A Common Stock)	\$54.23	09/01/2023			A		15,000		(2)	(	09/01/2033	Class A Common Stock	15,000	\$0.00	15,00	0	D	

## **Explanation of Responses:**

1. Pursuant to the Agreement and Plan of Merger, dated as of February 8, 2023 (the "Merger Agreement"), by and among the Issuer, NuVasive, Inc. ("NuVasive") and Zebra Merger Sub, Inc. ("Merger Sub"), Merger Sub merged with and into NuVasive (the "Merger"), with NuVasive continuing as a wholly owned subsidiary of the Issuer. At the effective time of the Merger, each NuVasive restricted stock unit award was accelerated, cancelled and converted automatically into the right to receive 0.75 shares of Class A common stock of Issuer, par value \$0.001 per share, and cash in lieu of fractional shares, in respect of each share of NuVasive common stock underlying such award.

2. These options were granted on September 1, 2023, and vest over a four-year period with one-fourth (1/4) of the options granted vesting on September 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, Attorneyin-Fact

09/06/2023

\*\* 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.