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

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 ]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	,	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/30/2017									•	Officer (give title		Other (specify below)	
VALLEY FORGE BUSINESS CENTER 2560 GENERAL ARMISTEAD AVENUE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street)	ON PA	<b>A</b> 1	19403													filed by More		•	
(City)	(S	tate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I and 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amoun	t (A) or (D)		Price	Report Transa			4)	(111501. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction A. Deemed Execution Date Execution Date, if any			4. Transact	5. Number of Ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  Amount of Securities Underlying Derivative Security (It and 4)						8. Price of Derivative Security (Instr. 5)	9. Number 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 Nun of Sha						
Stock Option (Right to Buy Class A Common Stock)	\$26.27	01/30/2017			A		25,000		(1)		01/30/2027	Class A Commo Stock		000	\$0.00	25,000		D	

## Explanation of Responses:

1. These options vest over a three-year period with one-twelfth (1/12) of the options granted vesting on March 31, 2017, and the balance of the options granted vesting ratably on a quarterly basis over the following 11 quarters.

## Remarks:

/s/ Anthony L. Williams,
Attorney-in-Fact

\*\* Signature of Reporting Person

02/01/2017

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

- $^{\star}$  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.