FORM 4

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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

<b>STATEMENT</b>	<b>OF CHANGES</b>	S IN BENEFICIAL	<b>OWNERSHIP</b>

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).

	tion 1(b).	iue. See		Filed	pursua or Se	ant to Section 3	ection 80(h) o	16(a) of the I	of the s	Securit ent Co	ties Exchang mpany Act o	e Act of f 1940	f 1934			hours	per re	esponse:	0.5
Name and Address of Reporting Person*     Norwalk Leslie V				2. Issuer Name <b>and</b> Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]									heck al	l appl	icable)	ıg Pe	rson(s) to Is		
											X	Direct	or		10% Ov	vner			
(Last)	(Fi	rst) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								Office below	r (give title		Other (s below)	specify		
2560 GE	2560 GENERAL ARMISTEAD AVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form filed by One Reporting Person					on
AUDUB	ON PA	. 1	9403												Form Perso		re tha	an One Repo	orting
(City)	(St	ate) (2	Zip)		Rul	le 10	)b5-	1(c)	Trar	nsac	tion Indi	catio	on						
					X	Check satisfy	this boo	x to ind	licate that defense	at a trar e condi	nsaction was n tions of Rule 1	nade pu 0b5-1(d	rsuant to a	contract	t, instr 0.	uction or writ	ten pla	an that is inte	ended to
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or E	Benefici	ally C	wne	∍d			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		,	3. Transaction Code (Instr. 8)		4. Securities Disposed Of	es Acquired (A) o Of (D) (Instr. 3, 4		and 5) Sec Ben Owr		urities   I eficially   ( ned Following   (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) oi (D)	Price	T	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A C	Common St	ock		03/15/20	024				<b>S</b> <sup>(1)</sup>		10,590	D	\$51.9	99 <sup>(2)</sup> 17,419 D					
		Tal	ole II								osed of, convertib				vnec	i			
1. Title of Derivative Security (Instr. 3)	ative   Conversion   Date   Execution Date,   if any			Fransaction 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)		tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

## Explanation of Responses:

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan dated December 14, 2023 executed by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at a price range of \$51.90 \$52.25, 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 at each separate price within the range set forth in footnote (2) of this Form 4.

/s/ Kelly G. Huller, Attorney-in-Fact

03/19/2024

\*\* Signature of Reporting Person

Date

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.