# FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person*  Lemaitre Dan						2. Issuer Name <b>and</b> Ticker or Trading Symbol GLOBUS MEDICAL INC [ GMED ]									heck all app	ionship of Reporting Person(s) to Issuer all applicable)					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2013									Offic	Director Officer (give title below)		10% Owner Other (specify below)			
		BUSINESS CENT RMISTEAD AV			4. If A	Amer	ndment	, Dat	e of Original	Filed	d (Month	/Day/Yea	ır)		ne)	Form filed by One Reporting Person					
(Street) AUDUBON PA 19403														Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)	(S	tate) (	(Zip)																		
		Tab	le I - No	on-Deriv	ative S	Sec	uritie	s A	cquired, [	Disp	osed	of, or l	3ene	ficia	ally Own	ed					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year		Code (In							icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	V Amount (A) or (D)			Price	Repor						
		Ta							uired, Dis s, options			ble se	curit								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/E	on Date, 1	4. Transact Code (In 8)				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		∵. 3	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)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Exp Dat	oiration te	Title	or	ount nber res							
Stock Option (Right to Buy Class A Common Stock)	\$12.59	01/30/2013			A		7,500		(1)	01/2	30/2023	Class A Common Stock	7,5	500	\$0.00	7,500		D			
Stock Option (Right to Buy Class A Common Stock) <sup>(2)</sup>	\$11.28								(3)	04/:	20/2021	Class A Common Stock <sup>(2)</sup>	15,	384		15,384		D			

#### **Explanation of Responses:**

- 1. 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 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.
- 2. Initially the stock option provided a right to buy the Company's Class C Common Stock. Upon the closing of the Company's initial public offering, all shares of the Company's Class C Common Stock automatically converted into a right to buy the Company's Class A Common Stock on a one-for-one basis. As a result, this stock option automatically converted into a right to buy the Company's Class A Common Stock.
- 3. These options were granted on April 20, 2011, and vest over a three-year period with one-twelfth (1/12) of the options granted vesting on June 30, 2012, and the balance of the options granted vesting ratably on a quarterly basis over the following 11 quarters.

## Remarks:

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

09/05/2013

\*\* Signature of Reporting Person

Date

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

<sup>\*</sup> 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.