Edgar Filing: GLOBAL PAYMENTS INC - Form 4

| GLOBAL PA | AYMENTS INC | | | | | | | | | |
|--|---|--|---------------------------------|--|-------|--------------|--|---|---|--|
| Form 4 | | | | | | | | | | |
| November 0 | 1, 2013 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | |
| CONVIA UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check th | | | | | | | | Expires: | January 31, | |
| if no long subject to | SIATHA | IENT OF CH | CHANGES IN BENEFICIAL OW | | | | NERSHIP OF | · | 2005 average | |
| Section 1 | | SECURITIES | | | | | Estimated average burden hours per | | | |
| Form 4 o | | | | | | | | response | 0.5 | |
| Form 5 obligation | na 1 | suant to Section | | | | U | | | | |
| may cont | | | • | • | · · | • | 1935 or Sectior | 1 | | |
| See Instru 1(b). | | 30(h) of th | e Investment | Compar | iy Ac | ct of 194 | 0 | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of R WILKINS GERALD J Symbol Issuer | | | | | | | Reporting Person(s) to | | | |
| WILKINS (| JERALD J | Sym | | | | GD 10 | Issuel | | | |
| | | | GLOBAL PAYMENTS INC [GPN] | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | | | |
| | | | (Month/Day/Year) | | | | _X_ Director 10% Owner | | | |
| 10 GLENLAKE | | | 10/30/2013 | | | | Officer (give title Other (specify below) below) | | | |
| PARKWAY | , NORTH TOW | ER | | | | | , | , | | |
| (Street) 4 | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | Fileo | Filed(Month/Day/Year) | | | | Applicable Line) | | | |
| _X_Form filed by C | | | | | | | one Reporting Person fore than One Reporting | | | |
| ATLANTA | , GA 30328 | | | | | | Person | | 8 | |
| (City) | (State) | (Zip) | Table I - Non-I | Derivative | Secu | rities Acqu | uired, Disposed of | , or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Ye | Code | 4. Securi or(A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 10/30/2013 | | Р | 1,000 | А | \$ 59.718 | 16,576 | D | | |

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

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 control number.

 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Inst |
|---|---|---|---------------------------------------|---|--|--------------------|------------------------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|----------|---------------|---------|-------|--|--|--|--|
| L B | Director | 10% Owner | Officer | Other | | | | |
| WILKINS GERALD J 10 GLENLAKE PARKW NORTH TOWER ATLANTA, GA 30328 | VAY | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ Gerald J. Wilkins | 11 | /01/2013 | | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.