Edgar Filing: Murphy A Brett - Form 4

Murphy A E	Brett								
Form 4									
February 06									
FORM		STATES	SECU	RITIES A	ND EX	CHANGE	COMMISSION	т	APPROVAL
	UNITED	DIMIL		shington,				Number:	3235-0287
Check this box							Expires:	January 31,	
subject t		MENT O	F CHANGES IN BENEFICIAL OW				NERSHIP OF	Estimated	2005 average
Section 16. SECURIT					ITIES			burden ho	urs per
Form 4 o Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the				e Securit	ties Exchar	nge Act of 1934	response	0.5
obligatio	$\frac{1}{2}$ Section 17(of 1935 or Section	on	
may con <i>See</i> Instr	lunue.			•	•	y Act of 1			
1(b).									
(Print or Type	Responses)								
1. Name and A	Address of Reporting	Person *	2 Issue	er Name and	l Ticker or	Trading	5. Relationship of	of Reporting Pe	rson(s) to
Murphy A		-	2. Issuer Name and Ticker or Trading Symbol			Issuer			
			GLOBUS MEDICAL INC [GMED]	le)	
(Last)	(First) (Middle)	3. Date c	of Earliest Tr	ansaction		(Che	ck all applicabl	
		~~		Day/Year)			Director		% Owner
	FORGE BUSINE	SS	02/02/2018			XOfficer (give titleOther (specify below) below)			
	2560 GENERAL AD AVENUE						EVP,	International Sa	ales
1 HOULD	(Street)		4 If Am	andmant Da	ta Origina	1	6 Individual or	loint/Croup Fili	ing(Chaolt
	(bileet)			endment, Da onth/Day/Year	-	1	6. Individual or J Applicable Line)	ionit/Oroup Pin	Ing(Check
					,		_X_ Form filed by		
AUDUBO	N, PA 19403						Person	More than One R	Reporting
(City)	(State)	(Zip)	Tab	ole I - Non-D	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	ally Owned
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution	Date, if	Transaction	-			Form: Direct	Indirect
(Instr. 3)		any (Month/D	av/Year)	Code (Instr. 8)	Disposed			(D) or Indirect (I)	Beneficial Ownership
		(Wolds D	uy/ i cui)	(1130.0)	(1150.5,	and 5)		(Instr. 4)	(Instr. 4)
						(A)	Reported		
						or	Transaction(s) (Instr. 3 and 4)		
				Code V	Amount	(D) Price	(, ,		
Reminder: Rep	port on a separate line	e for each cl	lass of sec	urities benef	icially own	ned directly o	or indirectly.		
							pond to the colle		SEC 1474
				information contained in this form are not required to respond unless the form				(9-02)	
					displa	ys a currer	ntly valid OMB co		
					numb	er.			
	Tab					posed of, or convertible s	Beneficially Owned	I	
		(e.g.,	puts, call	s, wai rants	, options, (seeur mesj		
1. Title of	2. 3. Trar	saction Dat	te 3A. De	emed	4.	5. Numbe	r of 6. Date Exerc	isable and	7. Title and Amount of

Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

Derivative

Underlying Securities

Expiration Date

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy Class A Common Stock)	\$ 45.64	02/02/2018		A	40,000	<u>(1)</u>	02/02/2028	Class A Common Stock	40,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Murphy A Brett VALLEY FORGE BUSINESS CENTER 2560 GENERAL ARMISTEAD AVENUE AUDUBON, PA 19403	E		EVP, International Sales					
Signatures								
/s/ Eric I. Schwartz, Attorney-in-Fact	02/06/2018	3						

**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).

These options were granted on February 2, 2018, and vest over a four-year period with one-fourth (1/4) of the options granted vesting on(1) January 1, 2019, 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.

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.