#### **GLOBUS MEDICAL INC**

Form 4

August 10, 2012

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**SECURITIES** 

2 Januar Nama and Tielzer or Tradina

**OMB** Number:

3235-0287

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average

burden hours per

response...

5 Relationship of Reporting Person(s) to

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

GOLDMAN SACHS GROUP INC			2. Issuer Name and Ticker or Trading Symbol				Iss	Issuer			
(Last)	(First)	(Middle)	GLOBUS MEDICAL INC [GMED]  3. Date of Earliest Transaction			)]	(Check all applicable)				
, ,	, ,	(Middle)	(Month/Da	ny/Year)			_	Director Officer (give ti		Owner r (specify	
200 WEST				1:00/2012				low)	below)		
	(Street)			dment, Dat h/Day/Year)	e Original			Individual or Join oplicable Line)  Form filed by On	•		
NEW YOR	RK, NY 10282						_	Form filed by Morson			
(City)	(State)	(Zip)	Table	I - Non-Do	erivative Secu	rities A	Acquir	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	emed ion Date, if /Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on Disposed of (Instr. 3, 4 and Amount	of (D)	ed (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A Common Stock	08/08-04:00/20	12		С	7,089,681	A	(3)	7,643,526	I	See footnotes (1) (2) (3) (4) (5)	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
	Security			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Series E Preferred Stock	(3)	08/08-04:00/2012		C	7,089,681	(3)	(3)	Class B Common Stock	7,089,0
Class B Common Stock	(3)	08/08-04:00/2012		C	7,089,681	(3)	<u>(3)</u>	Class A Common Stock	7,089,0

# **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10%	Officer	Other	

GOLDMAN SACHS GROUP INC 200 WEST STREET NEW YORK, NY 10282

GOLDMAN SACHS & CO 200 WEST STREET NEW YORK, NY 10282

GS Direct, L.L.C. 200 WEST STREET NEW YORK, NY 10282

GOLDMAN SACHS INVESTMENT PARTNERS MASTER FUND, L.P.

200 WEST STREET

NEW YORK, NY 10282

GOLDMAN SACHS INVESTMENT PARTNERS GP, LLC 200 WEST STREET

NEW YORK, NY 10282

GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE

OFFSHORE ADVISORS, INC.

200 WEST STREET

NEW YORK, NY 10282

GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE FUND OFFSHORE HOLDINGS, L.P.

200 WEST STREET

NEW YORK, NY 10282

Reporting Owners 2

GOLDMAN SACHS PRIVATE EQUITY PARTNERS 2004, L.P.

200 WEST STREET

NEW YORK, NY 10282

GOLDMAN SACHS PEP 2004 ADVISORS, L.L.C.

200 WEST STREET

NEW YORK, NY 10282

# **Signatures**

Attorney-in-fact

\*\*Signature of Reporting Person

Kevin P. Treanor, Attorney-in-fact 08/10-04:00/2012

\*\*Signature of Reporting Person Date

Kevin P. Treanor,

Attorney-in-fact 08/10-04:00/2012

\*\*Signature of Reporting Person Date

Kevin P. Treanor, 08/10-04:00/2012

Attorney-in-fact

\*\*Signature of Reporting Person

Date

Kevin P. Treanor, 08/10-04:00/2012

\*\*Signature of Reporting Person Date

Kevin P. Treanor, Attorney-in-fact 08/10-04:00/2012

\*\*Signature of Reporting Person Date

Kevin P. Treanor, 08/10-04:00/2012

Attorney-in-fact

Kevin P. Treanor,

Attorney-in-fact 08/10-04:00/2012

\*\*Signature of Reporting Person Date

Kevin P. Treanor,

Attorney-in-fact 08/10-04:00/2012

\*\*Signature of Reporting Person Date

Kevin P. Treanor, Attorney-in-fact 08/10-04:00/2012

\*\*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).

Date

- (1) See Exhibit 99.1 for text of footnote (1).
- (2) See Exhibit 99.1 for text of footnote (2).
- (3) See Exhibit 99.1 for text of footnote (3).
- (4) See Exhibit 99.1 for text of footnote (4).

Signatures 3

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#### (5) See Exhibit 99.1 for text of footnote (5).

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.