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NODUG MEDICAL INC

Form 4												
November 04, 1												
FORM	4 UNITED	STATES					E COMMISSION		PPROVAL 3235-0287			
Check this b	Washington, D.C. 20549					Expires:	January 31,					
if no longer subject to Section 16. Form 4 or	SIAIEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OI SECURITIES							Expires. 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continu <i>See</i> Instructi 1(b).	Bection 17(a) of the I	Public U	Jtility Hol	ding Co		nge Act of 1934, a of 1935 or Section 1940	on				
(Print or Type Res	sponses)											
1. Name and Address of Reporting Person <u>*</u> BARON RICHARD A			2. Issuer Name and Ticker or Trading Symbol GLOBUS MEDICAL INC [GMED				5. Relationship of Reporting Person(s) to Issuer					
							D] (Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner					
VALLEY FOI CENTER, 256 ARMISTEAD	11/03/2014				Officer (give titleX Other (specify below) below) Senior VP							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
AUDUBON, I	PA 19403						Form filed by Person	More than One R	eporting			
(City)	(State)	(Zip)	Tał	ole I - Non-I	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	Dispose	d (A) or d of (D) , 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V	Amount	t (D) Price	(instr. 5 and 4)					
Reminder: Report	on a separate line	e for each cla	ass of sec	urities benef	icially ov	wned directly	or indirectly.					
					infor requ	mation con ired to resp lays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	i are not rm	SEC 1474 (9-02)			
	Tab					isposed of, or , convertible	Beneficially Owned securities)	I				
1. Title of 2. Derivative Con		action Date /Day/Year)			4. Transac	5. ctionNumber	6. Date Exercisable Expiration Date	and 7. Title and Amount of				

Derivative Deriv

9. Nt

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Year)	Secur	rlying ities . 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting Owners									
Rei	porting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other					
VALLEY 2560 GEN	RICHARD A FORGE BUSINESS CENT NERAL ARMISTEAD AVE DN, PA 19403				Senior VP	,				
Signa	tures									
/s/ David Attorney-	P. Creekman, in-Fact	11/04/20	14							
<u>**</u> Sig	nature of Reporting Person	Date								
Expla	nation of Respo	nses:								

- * 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).

Remarks:

Effective on November 3, 2014, Mr. Baron resigned as the Company's Chief Financial Officer. Although Mr. Baron will remain

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.