Edgar Filing: GLOBUS MEDICAL INC - Form 4

GLOBUS ME Form 4	EDICAL INC	1									
November 26	, 2013										
FORM	4 UNITE	ED STATES	ATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL	
Check this	box	Washington, D.C. 20549 x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								3235-0287	
if no longer subject to Section 16. Form 4 or	er STAT									Expires: January 31 2009 Estimated average burden hours per response 0.9	
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type R	esponses)										
WHEELER KURT Symbo			Symbol	. Issuer Name and Ticker or Trading mbol LOBUS MEDICAL INC [GMED]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			. [,	(Cheo	k all applicable)		
VALLEY FORGE BUSINESS (Month/Da CENTER, 2560 GENERAL ARMISTEAD AVENUE			Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below)				
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
AUDUBON,	PA 19403							Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if					Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Class A				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	11/25/2013			G	7,000	D	\$0	44,319	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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy Class A Common Stock)	\$ 15.34				<u>(1)</u>	08/29/2022	Class A Common Stock	15,300	
Stock Option (Right to Buy Class A Common Stock)	\$ 12.59				<u>(2)</u>	01/30/2023	Class A Common Stock	7,500	

Edgar Filing: GLOBUS MEDICAL INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
WHEELER KURT VALLEY FORGE BUSINESS CENTER 2560 GENERAL ARMISTEAD AVENUE AUDUBON, PA 19403	Х					
Signatures						
/s/ Donald R. Reynolds, Attorney-in-Fact	11/26/2	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).

(1) These options vest over a three-year period with one-twelfth (1/12) of the options granted vesting on December 31, 2012, and the balance of the options granted vesting ratably on a quarterly basis over the following 11 quarters.

Edgar Filing: GLOBUS MEDICAL INC - Form 4

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

(2) 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.

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.