Edgar Filing: GLOBAL PAYMENTS INC - Form 4

| | AYMENTS IN | С | | | | | | | | | | |
|--|-------------------------------------|---------------|---|---|--|-----------|----------------|---|--|----------|--|--|
| Form 4 December 03 | 2 2015 | | | | | | | | | | | |
| | | | | | | | | | OMB AF | PROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | | |
| Check this box if no longer | | | | NGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires:January 31 2009Estimated average burden hours per response0.8 | | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ns Section 1' | 7(a) of the I | Public U | | ling Con | npany | Act of | e Act of 1934, 71935 or Section 0 | | 0.0 | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| JACOBS WILLIAM I Symb | | | Symbol | 2. Issuer Name and Ticker or Trading ymbol SLOBAL PAYMENTS INC [GPN] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) 3. | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2015 | | | | - | X Director | Officer (give title Other (specify | | | |
| Filed(Mon | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| ATLANTA, | , GA 30328 | | | | | | | Person | lore than One Re | porting | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | | n Date, if | 3. Transactic Code (Instr. 8) Code V | 4. Securi on(A) or Di (Instr. 3, Amount | (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 12/01/2015 | | | S(1) | 1,200 | (D) D | \$ 71.82 | 51,916 | 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) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Instr. 8 | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration E (Month/Day e s | | | le and unt of rlying rities : 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|------------------------------------|---|--------------------------------------|--------------------|-------|--|---|---|
| | | | Code 1 | . , | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| JACOBS WILLIAM I 10 GLENLAKE PARKWAY NORTH TOWER ATLANTA, GA 30328 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ David L. Green, attorney-in- Jacobs | | 12/03/2015 | | | | | | | |

**Signature of Reporting Person

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 shares were sold pursuant to a Rule 10b5-1 plan executed by the reporting person when he was not in possession of material (1) non-public information.

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.

Date