GLOBUS MEDICAL INC

Form 4 April 08, 2013

FORM 4

OMB APPROVAL

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

OMB Number:

3235-0287

Check this box if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

subject to Section 16. Form 4 or

SECURITIES

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **GOLDMAN SACHS & CO** Issuer Symbol GLOBUS MEDICAL INC [GMED] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Officer (give title Other (specify 200 WEST STREET 04/01-04:00/2013 below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting NEW YORK, NY 10282 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of

Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following (Instr. 4) Reported

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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)

1. Title of Derivative		3. Transaction Date (Month/Day/Year)			5. orNumber	6. Date Exercisable and Expiration Date	7. Title and Amount of	8. Price of Derivative	
	or Exercise Price of		any (Month/Day/Year)	Code (Instr. 8)	of Derivativ	(Month/Day/Year)	Underlying Securities	Security (Instr. 5)	Secur Bene

Ownership

(Instr. 4)

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Derivative Securities (Instr. 3 and 4) Security Acquired

(A) or Disposed of (D) (Instr. 3, 4, and 5)

Code V (A) (D) Date Expiration Title Amount

Exercisable Date

Number of Shares

Reporting Owners

Relationships

Reporting Owner Name / Address 10% Officer Other Director Owner

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

GOLDMAN SACHS GROUP INC 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

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

Reporting Owners 2

Follo Repo Trans (Insti

Own

Signatures

/s/ Kevin P. Treanor, Attorney-in-fact 04/08-04:00/2013

**Signature of Reporting Person Date

/s/ Kevin P. Treanor, 04/08-04:00/2013

Attorney-in-fact

**Signature of Reporting Person Date

/s/ Kevin P. Treanor, Attorney-in-fact 04/08-04:00/2013

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/s/ Kevin P. Treanor, Attorney-in-fact 04/08-04:00/2013

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/s/ Kevin P. Treanor, Attorney-in-fact 04/08-04:00/2013

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/s/ Kevin P. Treanor, 04/08-04:00/2013

Attorney-in-fact

**Signature of Reporting Person Date

Attorney-in-fact 04/08-04:00/2013

**Signature of Reporting Person Date

/s/ Kevin P. Treanor, Attorney-in-fact 04/08-04:00/2013

**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).

Remarks:

/s/ Kevin P. Treanor,

Cessation as Reporting Persons reflects a reduction of beneficial ownership as defined in Section 13(d) of the Securities Excha

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.

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