

GLOBUS MEDICAL INC
 Form 4
 April 08, 2013

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *
GOLDMAN SACHS & CO

2. Issuer Name and Ticker or Trading Symbol
GLOBUS MEDICAL INC [GMED]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 200 WEST STREET
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 04/01-04:00/2013

____ Director _____ 10% Owner
 ____ Officer (give title below) ____ Other (specify below)

NEW YORK, NY 10282
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 ___ Form filed by One Reporting Person
X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)	
				(A) or (D)	Price			
				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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
--	------------------------------------	--------------------------------------	--	--------------------------------	-------------------------	--	--	--	------------------------

Derivative Security	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	(Instr. 3 and 4)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
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				

Signatures

/s/ Kevin P. Treanor,
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

/s/ Kevin P. Treanor,
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

/s/ Kevin P. Treanor,
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

/s/ Kevin P. Treanor,
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

/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:

Cessation as Reporting Persons reflects a reduction of beneficial ownership as defined in Section 13(d) of the Securities Exchange Act of 1934.

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.