

GLOBUS MEDICAL INC

Form 3

August 02, 2012

**FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF 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 GROUP  
INC

(Last) (First) (Middle)

200 WEST STREET

(Street)

NEW YORK, NY 10282

(City) (State) (Zip)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

08/02-04:00/2012

3. Issuer Name and Ticker or Trading Symbol  
GLOBUS MEDICAL INC [GMED]4. Relationship of Reporting  
Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_ 10% Owner  
\_\_\_\_ Officer \_\_\_\_ Other  
(give title below) (specify below)5. 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 Beneficially Owned**1. Title of Security  
(Instr. 4)2. Amount of Securities  
Beneficially Owned  
(Instr. 4)3. Ownership  
Form:  
Direct (D)  
or Indirect  
(I)  
(Instr. 5)4. Nature of Indirect Beneficial  
Ownership  
(Instr. 5)

Class A Common Stock

553,845 (3)

I

See footnotes (1) (2) (3) (4) (5) (6) (7)

Reminder: Report on a separate line for each class of securities beneficially  
owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative Security  
(Instr. 4)2. Date Exercisable and  
Expiration Date  
(Month/Day/Year)3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)  
Title4. Conversion  
or Exercise  
Price of  
Derivative  
Security5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)6. Nature of Indirect  
Beneficial Ownership  
(Instr. 5)

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	Date Exercisable	Expiration Date	Class A Common Stock	Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Series E Preferred Stock	Â (5)	Â (5)		7,089,681	\$ 0 (5)	I	See footnotes (1) (2) (4) (5) (7)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GOLDMAN SACHS GROUP INC 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GOLDMAN SACHS & CO 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GS Direct, L.L.C. 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GOLDMAN SACHS INVESTMENT PARTNERS MASTER FUND, L.P. 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GOLDMAN SACHS INVESTMENT PARTNERS GP, LLC 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE OFFSHORE ADVISORS,INC. 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE FUND OFFSHORE HOLDINGS, L.P. 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GOLDMAN SACHS PRIVATE EQUITY PARTNERS 2004, L.P. 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â
GOLDMAN SACHS PEP 2004 ADVISORS, L.L.C. 200 WEST STREET NEW YORK,Â NYÂ 10282	Â	Â	Â	Â

## Signatures

/s/ Kevin P. Treanor,  
Attorney-in-fact 08/02-04:00/2012

\_\_Signature of Reporting Person Date

/s/ Kevin P. Treanor,  
Attorney-in-fact 08/02-04:00/2012

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/s/ Kevin P. Treanor,  
Attorney-in-fact 08/02-04:00/2012

\_\_Signature of Reporting Person Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) See Exhibit 99.1 for text of footnote (1).
- (2) See Exhibit 99.1 for text of footnote (2).
- (3) See Exhibit 99.1 for text of footnote (3).
- (4) See Exhibit 99.1 for text of footnote (4).
- (5) See Exhibit 99.1 for text of footnote (5).
- (6) See Exhibit 99.1 for text of footnote (6).
- (7) See Exhibit 99.1 for text of footnote (7).

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.