

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 * | | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| Â GOLDMAN SACHS GROUP INC | | | (Month/Day/Year) | GLOBUS MEDICAL INC [GMED] | |
| (Last) | (First) | (Middle) | 08/02-04:00/2012 | | |
| 200 WEST STREET | | | 4. Relationship of Reporting Person(s) to Issuer | | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) | | | (Check all applicable) | | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| NEW YORK,Â NYÂ 10282 | | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) | | <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | | | |

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 <u>(1)</u> <u>(2)</u> <u>(3)</u> <u>(4)</u> <u>(5)</u> <u>(6)</u> <u>(7)</u> |

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) Title | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|---|--|---|--|
|---|---|---|--|---|--|

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| | Date Exercisable | Expiration Date | Class | Amount or Number of Shares | | or Indirect (I) (Instr. 5) | |
|--------------------------|------------------|-----------------|----------------------|----------------------------|----------|----------------------------|-----------------------------------|
| Series E Preferred Stock | Â (5) | Â (5) | Class A Common Stock | 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, NY 10282 | Â | Â | Â | Â |
| GOLDMAN SACHS & CO 200 WEST STREET NEW YORK, NY 10282 | Â | Â | Â | Â |
| GS Direct, L.L.C. 200 WEST STREET NEW YORK, NY 10282 | Â | Â | Â | Â |
| GOLDMAN SACHS INVESTMENT PARTNERS MASTER FUND, L.P. 200 WEST STREET NEW YORK, NY 10282 | Â | Â | Â | Â |
| GOLDMAN SACHS INVESTMENT PARTNERS GP, LLC 200 WEST STREET NEW YORK, NY 10282 | Â | Â | Â | Â |
| GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE OFFSHORE ADVISORS, INC. 200 WEST STREET NEW YORK, NY 10282 | Â | Â | Â | Â |
| GOLDMAN SACHS PRIVATE EQUITY CONCENTRATED HEALTHCARE FUND OFFSHORE HOLDINGS, L.P. 200 WEST STREET NEW YORK, NY 10282 | Â | Â | Â | Â |
| GOLDMAN SACHS PRIVATE EQUITY PARTNERS 2004, L.P. 200 WEST STREET NEW YORK, NY 10282 | Â | Â | Â | Â |
| GOLDMAN SACHS PEP 2004 ADVISORS, L.L.C. 200 WEST STREET NEW YORK, NY 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 |
| **Signature of Reporting Person | Date |
| /s/ Kevin P. Treanor, Attorney-in-fact | 08/02-04:00/2012 |
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| **Signature of Reporting Person | Date |
| /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 |
| **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.