

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 <b>and</b> Ticker or Trading Symbol	
Â GOLDMAN SACHS PRIVATE EQUITY PARTNERS 2004 OFFSHORE HOLDINGS, L.P.			(Month/Day/Year)	GLOBUS MEDICAL INC [GMED]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
200 WEST STREET			(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)			___ Director ___ 10% Owner		___ Form filed by One Reporting Person
NEW YORK,Â NYÂ 10282			___ Officer ___ Other (give title below) (specify below)		<u>X</u> 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 <sup>(3)</sup>	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	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) 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 PRIVATE EQUITY PARTNERS 2004 OFFSHORE HOLDINGS, L.P. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
GOLDMAN SACHS PEP 2004 OFFSHORE HOLDINGS ADVISORS, INC. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
GOLDMAN SACHS PRIVATE EQUITY PARTNERS 2004 - DIRECT INVESTMENT FUND, L.P. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
GOLDMAN SACHS PEP 2004 DIRECT INVESTMENT ADVISORS, L.L.C. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
GOLDMAN SACHS PRIVATE EQUITY PARTNERS 2004 EMPLOYEE FUND, L.P. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
GOLDMAN SACHS PEP 2004 EMPLOYEE FUNDS GP, L.L.C. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
GS PRIVATE EQUITY PARTNERS 2002 - DIRECT INVESTMENT FUND, L.P. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
GS PEP 2002 DIRECT INVESTMENT ADVISORS, L.L.C. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â
MULTI-STRATEGY HOLDINGS, L.P. 200 WEST STREET NEW YORK, NY 10282	Â	Â	Â	Â

MULTI-STRATEGY HOLDINGS OFFSHORE ADVISORS, INC.  
 200 WEST STREET  
 NEW YORK, NY 10282

^ ^ ^ ^

## 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
**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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/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
**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 of footnote (1).
- (2) See Exhibit 99.1 for of footnote (2).
- (3) See Exhibit 99.1 for of footnote (3).
- (4) See Exhibit 99.1 for of footnote (4).

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(5) See Exhibit 99.1 for of footnote (5).

(6) See Exhibit 99.1 for of footnote (6).

(7) See Exhibit 99.1 for 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.