

WHEELER KURT
Form 3
August 02, 2012

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

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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 *

WHEELER KURT
(Last) (First) (Middle)

VALLEY FORGE BUSINESS CENTER, 2560 GENERAL ARMISTEAD AVENUE
(Street)

AUDUBON, PA 19403
(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
08/02/2012

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
 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	604,265	I	By L.P. (1)

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

Edgar Filing: WHEELER KURT - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Series E Preferred Stock <u>(2)</u>	07/23/2007	∞ <u>(2)</u>	Class A Common Stock	7,444,168 <u>(2)</u>	\$ <u>(2)</u>	I	By L.P. <u>(1)</u>

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WHEELER KURT VALLEY FORGE BUSINESS CENTER 2560 GENERAL ARMISTEAD AVENUE AUDUBON, PA 19403	∞ X	∞ X	∞	∞

Signatures

/s/ Kurt C. Wheeler
08/02/2012

 **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) Clarus Ventures I Management, L.P. ("Clarus I Management") is the sole general partner of Clarus Lifesciences I, L.P. and Clarus Ventures I, LLC ("Clarus I GPLLC") is the sole general partner of Clarus I Management. Mr. Wheeler is a managing director of Clarus I GPLLC. As a managing director of Clarus I GPLLC, Mr. Wheeler has shared voting and disposition power related to these shares and disclaims beneficial ownership of these shares.
- (2) The Series E Preferred Stock is convertible into the Company's Class A Common Stock, currently on a one-for-one basis and will automatically convert into Class A Common Stock upon the closing of the Company's initial public offering. The Series E Preferred Stock has no expiration date.

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.