Edgar Filing: GLOBAL PAYMENTS INC - Form 4

Form 4 July 06, 201									OMB AF	PPROVAL	
FORN Check th	Washington, D.C. 20549								OMB Number:	3235-0287	
if no long subject to Section 1 Form 4 o Form 5	 ger o STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 16. SECURITIES or 									imated average den hours per	
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(ue. 20(h) of the Investment Company Act of 1955 of Section									
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> WILKINS GERALD J			2. Issuer Name and Ticker or Trading Symbol GLOBAL PAYMENTS INC [GPN]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)						ne [Urnj	(Check all applicable)			
10 GLENL	3. Date of Earliest Transaction (Month/Day/Year) 04/22/2016					Officer (give title Other (specify below) below)					
	(Street)	Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
ATLANTA						Person					
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ned 3. 4. Securities Acquire a Date, if Transaction(A) or Disposed of (Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
G				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Common Stock	04/22/2016			J <u>(1)</u>	4,825	А	75.86 (2)	21,825	D		
Common Stock	04/22/2016			J <u>(1)</u>	3,175	A	\$ 75.86 (3)	3,175	Ι	Held by Spouse (4)	

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

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 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 Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title a Amount o Underlyin Securities (Instr. 3 a	unt of rlying	Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

 WILKINS GERALD J
 X
 X
 X
 Y

 NORTH TOWER
 X
 X
 Y
 Y

 ATLANTA, GA 30328
 X
 Y
 Y
 Y

 Signatures
 /s/ David L. Green, as attorney-in-fact for Gerald Wilkins
 07/06/2016

**Signature of Reporting Person

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).
- (1) Acquired pursuant to an Agreement and Plan of Merger dated as of December 15,2015, by and among Global Payments Inc. and Heartland Payments Systems Inc., and certain wholly owned subsidiaries of Global Payments Inc. (the "Merger Agreement").

Received in exchange for 7,216 shares of Heartland Payment Systems, Inc. common stock in connection with the merger. Represents the(2) volume weighted average trading price of Global Payments Inc.'s common stock on the New York Stock Exchange for the five consecutive trading days preceding the closing date, in accordance with the terms of the Merger Agreement.

Received in exchange for 4,748 shares of Heartland Payment Systems, Inc. common stock in connection with the merger. Represents the(3) volume weighted average trading price of Global Payments Inc.'s common stock on the New York Stock Exchange for the five consecutive trading days preceding the closing date, in accordance with the terms of the Merger Agreement.

(4) Shares held in the name of the reporting person's spouse.

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.

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Date