Edgar Filing: GLOBAL PAYMENTS INC - Form 4

GLOBAL PA	AYMENTS IN	١C										
Form 4												
November 2	0, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL			
	UNITE	ED STATE:		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-028		
Check the				8,					Expires:	January 31,		
if no long subject to	STAT	EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF		2005		
Section 1				SECUR	ITIES				Estimated average burden hours per			
Form 4 o									response	•		
Form 5 obligation	n o '	-					-	e Act of 1934,				
may cont				•	•	· ·		1935 or Section	n			
See Instru	uction	30(n)) of the In	vestment	Compan	y Ac	t of 194	Ю				
1(b).												
(Print or Type I	Responses)											
1 Name and A	ddress of Report	ing Person *	2 Ionuo	Name and	Tieker or	Tradi	na	5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person *2. IssuerTRAPP MICHAEL WSymbol					TICKEI UI	Haun	ng	Issuer				
			-	L PAYN	IENTS I	NC [GPN]					
(Last)	(First)	(Middle)		Earliest Tr				(Chec	k all applicable	e)		
(Lust)	(Thist)	(ivitadic)	(Month/D		ansaction			X Director	10%	Owner		
10 GLENLAKE 11/19/20				-				Officer (give title Other (specify				
PARKWAY	, NORTH TC	OWER						below)	below)			
	(Street)		4. If Ame	ndment, Da	te Origina	l		6. Individual or Jo	oint/Group Filir	1g(Check		
	Filed(M)			Applicable Line)				
	~							_X_Form filed by C Form filed by N	One Reporting Pe fore than One Re			
ATLANTA	, GA 30328							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-E	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year) Execution Date, if any			Transactio				Securities	Form: Direct			
(Instr. 3)		Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		(Informula	2 aj; 1 cai)	(1110111-0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(11011 0 4114 1)				
Common Stock	11/19/2015			A <u>(1)</u>	2,035	А	\$ 71.27	21,755	D			
							11.41					
Common												

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

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.

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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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** 10% Owner Officer Other Director TRAPP MICHAEL W **10 GLENLAKE PARKWAY** Х NORTH TOWER ATLANTA, GA 30328 Signatures /s/ David Green as attorney-in-fact for Michael W. 11/20/2015 Trapp

**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).
- Represents fully-vested shares of common stock, which were granted to the reporting person as compensation for service as a (1)non-employee director.
- (2) Includes shares previously reported as directly owned.

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.

Date