## Edgar Filing: GLOBAL PAYMENTS INC - Form 4

GLOBAL PA Form 4 August 20, 20	AYMENTS IN 014	IC									
FORM									OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF			F CHAN	CHANGES IN BENEFICIAL OWN				NERSHIP OF	Expires: Estimated a	January 31, 2005 average	
Section 16. Form 4 or				SECURITIES					burden hours per		
Form 4 of Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed p sinue. Section 1	7(a) of the 1	Public Ut		ling Con	npany	y Act of	e Act of 1934, 71935 or Section 40	response	0.5	
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Sacchi Guido Francesco			2. Issuer Name <b>and</b> Ticker or Trading Symbol GLOBAL PAYMENTS INC [GPN]				-	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction				·]	(Check all applicable)			
10 GLENLA	× ,	<b>`</b>	(Month/D 08/18/20	ay/Year)				Director X_Officer (give below)		Owner er (specify	
	(Street)			ndment, Da nth/Day/Year	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by C	-	-	
ATLANTA,	GA 30328							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Execution any	n Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	(A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	08/18/2014			A <u>(1)</u>	2,446	A	\$ 71.55	17,745	D		

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.

 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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date Securities (Month/Day/Year) (Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-qualified Stock Option (Right to Buy)	\$ 71.55	08/18/2014		А	10,321	(2)	08/18/2024	Common Stock	10,3

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer EVP and CIO	Other			
Sacchi Guido Francesco 10 GLENLAKE PARKWAY NORTH TOWER ATLANTA, GA 30328			EVP and CIO				
Signatures							
/s/ David L. Green, attorney-in Sacchi	-fact for (	Guido F.	08/20/20	)14			
<u>**</u> Signature of Reporting	g Person		Date				

## **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) Represents restricted shares of common stock, which were granted to the reporting person as compensation. The restricted shares will vest in equal installments on each of the first three anniversaries of the grant date.
- (2) Represents unvested options to purchase shares of common stock, which were granted to the reporting person as compensation. The stock options will vest in equal installments on each of the first three anniversaries of the grant 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.