Edgar Filing: GLOBAL PAYMENTS INC - Form 4

	AYMENTS INC	2									
Form 4	0015										
August 03, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION	OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction Check this box if no longer subject to Section 16. Form 5 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							OMB 3235-028 Number: January 31 Expires: January 31 2003 Estimated average burden hours per response 0.3				
1(b).											
(Print or Type I	Responses)										
Sacchi Guido Francesco Symbol				or Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					k all applicable)			
10 GLENLAKE(Month/EPARKWAY, NORTH TOWER07/30/2				-				Director 10% Owner X Officer (give title Other (specify below) below) EVP and CIO			
	(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
ATLANTA	, GA 30328							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acqu	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/30/2015			Code V F	Amount 1,056	(D) D	Price \$ 111.84	(Instr. 3 and 4) 12,022	D		
Common Stock	07/30/2015			A <u>(1)</u>	1,789	A	\$ 111.84	13,811	D		

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. Transacti Code (Instr. 8)	``'		ate	7. Title and A Underlying S (Instr. 3 and	Securities	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-qualified Stock Option (Right to Buy)	\$ 111.84	07/30/2015		А	6,330		(2)	07/30/2025	Common Stock	6,330

Reporting Owners

Reporting Owner Name / Address	Relationships							
F8	Director	10% Owner	Officer	Other				
Sacchi Guido Francesco 10 GLENLAKE PARKWAY NORTH TOWER ATLANTA, GA 30328			EVP and	CIO				
Signatures								
/s/ David L. Green, attorney-in- Sacchi	08/03/2015							
<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.