## Edgar Filing: GLOBAL PAYMENTS INC - Form 4

GLOBAL PA Form 4	AYMENTS INC											
March 03, 20	)17											
FORM	14									OMB AF	PROVAL	
	UNITED	STATES SH		ITIES hingtor				NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.				TANCES IN DENIFEICIAL OWN					NEDSHID OF	Expires:	January 31, 2005	
				SECURITIES						Estimated average burden hours per		
Form 4 or										response		
Form 5 obligation	<sup>18</sup> Section $17($							•	e Act of 1934, 1935 or Sectior	1		
may conti <i>See</i> Instru 1(b).	inue.	30(h) of		•		•	· ·					
(Print or Type R	Responses)											
SHEFFIELD DAVID M Symbo			mbol	suer Name <b>and</b> Ticker or Trading ol BAL PAYMENTS INC [GPN]					5. Relationship of Reporting Person(s) to Issuer			
			Date of Earliest Transaction					0111]	(Check all applicable)			
			Ionth/Day/Year)					Director		10% Owner		
10 GLENLAKE03/01/PARKWAY, NORTH TOWER03/01/				/2017					XOfficer (give titleOther (specify below) below) Chief Accounting Officer			
(Street) 4. I			I. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
				Ionth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
ATLANTA,	GA 30328								Person		porting	
(City)	(State)	(Zip)	Table	e I - Non	-Dei	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ate, if	Code (Instr. 8)	tion( (	4. Securit (A) or Di (Instr. 3,	spose 4 and (A) or	d of (D) 5)	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	03/01/2017			$A^{(1)}$		Amount 2,518	(D) A	Price \$ 79.45	9,543 <u>(2)</u>	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of 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		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>			Relationships			
1 0	Director	10% Owner	Officer	Other		
SHEFFIELD DAVID M 10 GLENLAKE PARKWAY NORTH TOWER ATLANTA, GA 30328			Chief Accounting Officer			
Signatures						
/s/ David L. Green, attorney-in Sheffield	David	03/03/2017				
<u>**</u> Signature of Reporting	Person		Date			
Explanation of De	onon	0001				

## **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) Balance includes shares from Dividend Reinvestment Plan and Employee Stock Purchase Plan.

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.