GLOBAL PAYMENTS INC

Form 4 April 26, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Expires:

January 31, 2005

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response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and A	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer					
	GLOBAL PAYMENTS INC [GPN]					JPN]	(Check all applicable)					
(Last)	(First)	Middle)	3. Date of Earliest Transaction									
10 CLENI AVE			(Month/Day/Year)						X_ Director 10% Owner Officer (give title Other (specify below) below)			
10 GLENL	04/22/2	04/22/2016										
PARKWAY, NORTH TOWER												
	(Street)				te Original			6. Individual or Joint/Group Filing(Check				
	Filed(Month/Day/Year)							Applicable Line) _X_ Form filed by One Reporting Person				
ATLANTA, GA 30308								Form filed by More than One Reporting				
							Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own									ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)					Securities Ownership Indirect Beneficially Form: Direct Benefic Owned (D) or Owners		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						(A)			Reported	(Instr. 4))	
				Code	V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	04/22/2016			A(1)		29,997	A	75.86 (2)	29,997	D		
Common Stock	04/22/2016			A(3)		989	A	\$ 73.29	30,986	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	ber Expiration Date		Amount of		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration Date	Title N			
						Exercisable		Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

HOLLIN MITCHELL L 10 GLENLAKE PARKWAY **NORTH TOWER** ATLANTA, GA 30308

X

Signatures

/s/ David L. Green, attorney-in-fact for Mr. Mitchell L. Hollin

04/26/2016

**Signature of Reporting 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).
- Acquired pursuant to an Agreement and Plan of Merger dated as of December 15,2015, by and among Global Payments Inc. and (1) Heartland Payments Systems Inc., and certain wholly owned subsidiaries of Global Payments Inc. (the "Merger Agreement").
- Represents the volume weighted average trading price of Global Payment 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.
- Represents fully-vested shares of common stock, which were granted to the reporting person as compensation for service as a **(3)** non-employee director.

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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