FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Hyde Joseph C</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol GLOBAL PAYMENTS INC [GPN] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|------------|--|--|--|---|--|-------------------------|--|------------------|---|--|--|--|--|---|--|---|--|
| (Last) 10 GLENLAK | | , | fiddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/04/2007 | | | | | | | X | Officer (give title below) Chief Financia | | | Other (s below) Officer | specify | | |
| NORTH TOWER (Street) ATLANTA GA 30328 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Z | ip) | | | | | | | | | | | | | | | | |
| | | Ta | able I - Nor | n-Derivat | ive S | ecuriti | ies Acq | juired, [| Disp | osed of | , or Be | enefic | cially Ow | ned | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | | rities Acquired (A) or ad Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ٧ | Amount | (A) or (D) | | Price | (Instr. 3 and 4) | | | | (111501.4) | | | | |
| Common Stock | | | | | 04/2007 | | | M | | 3,00 | 0 | A | \$16.905 | 24,804 | | | D | | |
| Common Stock | | | | | 04/2007 | | | S ⁽¹⁾ | | 3,00 | 0 | D | \$39.309 | 21,804 | | | D | | |
| | | | Table II - I (| Derivativ e.g., put | | | | | | | | | | ed | | | | | |
| Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | | Amount or Number of Shares | | Transacti (Instr. 4) | ion(s) | | | |
| Non-Qualified Stock Option (right to buy) | \$16.905 | 09/04/2007 | | М | | 3,000 | | (2) | 0 | 8/07/2013 | Comn | | 3,000 | \$0 | 1,200 | | D | | |

Explanation of Responses:

- 1. Pursuant to 10b(5)-1 Sales Plan executed by reporting person, when he/she was not in possession of material nonpublic information.
- 2. This option will become exercisable in 25% increments on the first (August 7, 2004), second (August 7, 2005), third (August 7, 2006) and fourth (August 7, 2007) anniversary of the grant date.

Joseph C Hyde 09/05/2007

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.