FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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>Picciano Martin A</u> | | | | | GL | 2. Issuer Name and Ticker or Trading Symbol GLOBAL PAYMENTS INC [GPN] | | | | | | | | | Relationship of Reporting P. (Check all applicable) Director | | | 10% Owner | | |
|---|--|----------------------------------|-------------|-------|---|---|--|-------|---|------|--------------------|--|--------------------|---|---|---------------------|--|--|--|--|
| (Last) 10 GLENLAK | (First) E PARKW | ` | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/23/2008 | | | | | | | | Officer (g below) Chi | | Other (specify below) | | | |
| NORTH TOWER | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) ATLANTA GA 30328 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Der | ivativ | e S | ecuritie | s Acq | uired, l | Disp | osed of, | or B | Benefi | cially Ow | ned | | | | | |
| Date | | | | Date | nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | | 5. Amount Securities Beneficially Following | y Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | | 07/ | 7/23/2008 | | | | F ⁽¹⁾ | | 221 | | D | \$46.46 | 3,534 | | D | | | |
| Common Stock | | | | 07/ | /31/2008 | | | | F ⁽¹⁾ | | 404 | | D | \$44.29 | 2,127 | | | D | | |
| Common Stock | | | | | | | | | | | | | 167 | | | | by Managed Account | | | |
| | 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 | ercise (Month/Day/Year) of utive | if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | e Securities Unde | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | | | Expiration Date | or Nu | | Amount or Number of Shares | | (Instr. 4) | Oii(S) | | | |

Explanation of Responses:

1. Disposing shares to cover taxes on Award vesting.

Martin A. Picciano

08/15/2008

** 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.