FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235 | | | | | | | | |
| 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

| Name and Address of Reporting Person* Tornay Suellyn P | | | | | 2. Issuer Name and Ticker or Trading Symbol GLOBAL PAYMENTS INC [GPN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|--|---|---------------------|--------------|--|---|------|--|--------|---|------------------|---|---------|---------------|--|---|---|--|---|---|--|--|
| (Last) 10 GLENLAF | (First) | • | fiddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2009 | | | | | | | | X | Officer (g below) | | | | | | | |
| NORTH TOWER | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) ATLANTA | GA | 30 | 30328 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) |) (Z | lip) | | | | | | | | | | | | | | | | | | |
| | | T | able I - No | n-Deri | vative | e Se | curiti | es Acq | uired, l | Disp | osed of | f, or B | Benefic | ially Ow | ned | | | | | | |
| Da | | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | nd 5) Securities Beneficially Following I | | Form | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 0 | | | | 08/0 | 07/2009 | | | | M | | 2,75 | 0 | Α | \$16.905 | 31,133 | | | D | | | |
| Common Stock | | | | 08/0 | 08/07/2009 | | | | S ⁽¹⁾ | S ⁽¹⁾ | | 2,750 D | | \$42.32 | 28,3 | 28,383 | | D | | | |
| Common Stock | | | | | | | | | | | | | 1,417 | | | | by Managed Account | | | | |
| | | 9 | Table II - I | | | | | | | | sed of, o | | | | ed | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 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 Exercisa Expiration Date (Month/Day/Yea | | Securities Underly | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Co | ode \ | v | (A) | (D) | Date Exercisable | | Expiration Date | | | Amount or Number of Shares | | (Instr. 4) | | | | | |
| Non-Qualified Stock Option (right to buy) | \$16.905 | 08/07/2009 | | | М | | | 2,750 | (2) | 0 | 8/07/2013 | | nmon ock | 2,750 | \$0 | 4,815 | 5 | 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.

Suellyn P. Tornay

08/10/2009

** 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.