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 * GARCIA PAUL R				2. Issuer Name and Ticker or Trading Symbol GLOBAL PAYMENTS INC [ GPN ] 3. Date of Earliest Transaction (Month/Day/Year)								(Che	5. Relationship of Reporting (Check all applicable)  X Director			(s) to Issue			
(Last) 10 GLENLAK		,	iddle)	3. Date of Earliest Transaction (Month/Day/Year) 04/04/2014								2	X Officer (give title below)  Chairma			Other (specify below)			
NORTH TOWER					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					
(Street) ATLANTA	GA	30	328												-	•	-	ing Person	
(City)	(State)	(Zi	p)																
		Та	ble I - No	n-Der	ivative	Sec	uritie	s Acc	quired	, Dis	posed of,	or Benef	icially O	wned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock			04/04	/2014				G	V	22,000	D	(1)	246,28	36 D		)			
Common Stock														822		]	I	By 401(k)	
Common Stock														64,492	2	1		By Partnership <sup>(2)</sup>	
Common Stock														17,364	4	]	I	By Trust <sup>(3)</sup>	
Common Stock														13,038	3	]	1	By Trust <sup>(4)</sup>	
Common Stock														37,701	1	]	I	By Trust <sup>(5)</sup>	
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)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Securities L Derivative S (Instr. 3 and	nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	tive ties cially d ving ted	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
Explanation of Po					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Transa (Instr.	action(s) 4)			

- 1. Shares were transferred without consideration.
- 2. By a family limited partnership of which the reporting person and his spouse are each general partners.
- 3. By a grantor trust for the benefit of the reporting person's children and grandchildren and of which the reporting person's spouse is sole trustee.
- 4. By irrevocable trusts for the benefit of the reporting person's children and of which the reporting person's spouse is sole trustee.
- 5. By a grantor retained annuity trust of which the reporting person's spouse is sole trustee and the reporting person is the sole annuitant.

/s/ David L. Green, as attorney-in-04/08/2014 fact for Paul R. Garcia

\*\* 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.