

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

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

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

1. Name and Address of Reporting Person * <u>Bready Cameron M</u> (Last) (First) (Middle) 3550 LENOX ROAD (Street) ATLANTA GA 30326 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>GLOBAL PAYMENTS INC [GPN]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) X Senior Executive VP and CFO
	3. Date of Earliest Transaction (Month/Day/Year) 02/26/2018	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	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 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	02/26/2018		A ⁽¹⁾		3,989	A	\$114.7	124,098	D	
Common Stock	02/26/2018		A ⁽²⁾		19,102	A	\$114.7	143,200	D	
Common Stock	02/26/2018		F ⁽³⁾		3,038	D	\$114.7	140,162	D	

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Non-qualified Stock Option (Right to Buy)	\$114.7	02/26/2018		A		13,038		(4)	02/26/2028	Common Stock	13,038	\$0	13,038	D	

Explanation of Responses:

- Represents restricted shares of common stock, which were granted to the reporting person as compensation. The restricted shares will vest in equal installments on each of the first three anniversaries of the grant date.
- Represents shares of restricted common stock issued as a result of the vesting of performance-based synergy units which were originally granted on June 8, 2016 as a non-recurring, supplemental award and were earned based on the company's achievement of pre-established goals related to the Heartland transaction. Half of the earned synergy units vested February 26, 2018 and the remaining half will vest on February 26, 2019.
- Represents the disposition of shares to the company to cover taxes on the vesting of awards.
- Represents unvested options to purchase shares of common stock, which were granted to the reporting person as compensation. The stock options will vest in equal installments on each of the first three anniversaries of the grant date.

/s/ David L. Green, attorney-in-fact 02/28/2018
for Cameron M. Bready

** 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.