FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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 Sacchi Guido Francesco						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)	(First)	(Mi	ddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/19/2019								X	below)	,		Other (specify below)			
3550 LENOX ROAD																Senior EVP and CIO					
(Street) ATLANTA GA 30326				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zi _l	p)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					or Disposed	Securities Beneficia Following		Form	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) (D)	or	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 08/19/									S		3,650	I)	\$158.88(1)	47,916			D			
Common Stock 08/19/						19/2019			S		6,800 D		\$159.74(2)	41,116			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 I if any (Month/Day	Date,	4. Transac Code (In 8)				6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			or Nu		derlying curity 1)	8. Price of Derivative Security (Instr. 5) Benef Owner Follow Repor Trans. (Instr.		e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Reflects the weighted average sale price. The range of prices for such transaction is \$158.54 to \$159.47. Open market sale transactions were made on the same day at different prices through a trade order executed by a broker-dealer. The reporting person has reported on a single line all such transactions that occurred within a one dollar price range. The reporting person hereby undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer or a shareholder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. Reflects the weighted average sale price. The range of prices for such transaction is \$159.74 to \$159.76. Open market sale transactions were made on the same day at different prices through a trade order executed by a broker-dealer. The reporting person has reported on a single line all such transactions that occurred within a one dollar price range. The reporting person hereby undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer or a shareholder of the issuer, full information regarding the number of shares sold at each separate price.

/s/ David L. Green, attorney-in-fact 08/21/2019 for Guido F. Sacchi

** 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.