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 *  MCDANIEL CONNIE D   |   |     |             |  |   | 2. Issuer Name and Ticker or Trading Symbol GLOBAL PAYMENTS INC [ GPN ]                                  |         |   |                  |   |  |          |   |  | tionship of Reporting Person(s) to Issuer all applicable)  Director 10% Owner                                |   |  | vner   |  |
|--|---|-----|-------------|--|---|--|---------|---|------------------|---|--|----------|---|--|--|---|--|--|--|
| (Last)   | (First)   | (Mi | ddle)       |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/24/2019 |  |         |   |                  |   |  |          |   | X  | Officer (give title below)   |   |  | Other (specify below)  |  |
| 3550 LENOX ROAD  (Street)  ATLANTA GA 30326  |   |     | 4. If A     | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |         |   |                  |   |  | 6. Indiv | ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |   |  |  |  |
| (City)   | (State)   | (Zi | p)          |  |   |  |         |   |                  |   |  |          |   |  |  |   |  |  |  |
|  |   | Та  | ble I - Noı | n-Der  | ivativ  | e Se   | curitie | s Acq   | uired,           | Disp  | osed of,   | or l     | Benefi  | cially Ow  | /ned   |   |  |  |  |
| Date   |   |     |             | Execution I if any                                       |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |         |   |                  | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 a |  |          |   | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported<br>Transaction(s) |  | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) |  | 7. Nature of Indirect Beneficial Ownership (Instr. 4)              |  |
|  |   |     |             |  |   |  | Code V  |   |                  |   | (A) or<br>(D)  | Price    | (Instr. 3 an  |  |  |   | (mstr. 4)  |  |  |
| Common Stock 10/2  |   |     |             |  | 24/2019   |  |         | A <sup>(1)</sup>  |                  | 199   |  | A        | \$161.24  | 10,6   | 683  |   | D  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |     |             |  |   |  |         |   |                  |   |  |          |   |  |  |   |  |  |  |
| 1. Title of<br>Derivative<br>Security (Instr. 3)   | re Conversion Date Execution Date, (Instr. 3) or Exercise (Month/Day/Year) if any |     |             | 4.<br>Transac<br>Code (In<br>8)                          |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |         | 6. Date Exercisal<br>Expiration Date<br>(Month/Day/Year |                  | te  | e and 7. Title and Amot<br>Securities Under<br>Derivative Securi<br>(Instr. 3 and 4) |          | derlying<br>curity  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                      | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |     |             |  | Code  | v  | (A)     | (D)   | Date<br>Exercisa | able  | Expiration<br>Date   | Title    |   | Amount<br>or<br>Number<br>of Shares  |  | (Instr. 4)  | . ,  |  |  |

## Explanation of Responses:

1. Represents fully-vested shares of common stock, which were granted to the reporting person as compensation for service as a non-employee director.

/s/ David L. Green, attorney-in-fact for Connie D. McDaniel

Date

\*\* Signature of Reporting Person

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.