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* Todd Paul M | | | | | | 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) | (First) | (Mi | ddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2020 | | | | | | | | X | Officer (g below) Senio | give title or Executive VF | | Other (specify below) /P and CFO | | | |
| Street) ATLANTA GA 30326 (City) (State) (Zip) | | | | | 4. If <i>E</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indix | ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Та | ble I - No | n-Der | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | or E | Benefi | cially Ow | ned | | | | | |
| Date | | | | th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securiti Disposed | | | | 5. Amount Securities Beneficially Following | y Owned 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 06/03 | | | | | 03/2020 | | | | G | V | 2,225 | | D | (1) | 90,372 | | | D | | |
| Common Stock 12/3 | | | | | 31/2020 | | | | F ⁽²⁾ | | 6,894 | | D | \$215.42 | 83,692(3) | | | 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 Exerci Expiration Da (Month/Day/Yo | | te Securities Under | | derlying curity) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | v | (A) | A) (D) | | Date Expiration | | or Nur | | Amount or Number of Shares | | (Instr. 4) | | | | | | |

Explanation of Responses:

- 1. Shares were transferred without consideration.
- 2. Represents the disposition of shares to the company to cover taxes on the vesting of awards.
- 3. Includes 214 shares of common stock acquired on 12/31/2020 pursuant to a dividend reinvestment feature of the restricted stock units.

/s/ David L. Green, attorney-in-fact for Paul M. Todd

** 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.