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

| Name and Address of Reporting Person      JACOBS WILLIAM I   |         |                  |             |  |         | 2. Issuer Name and Ticker or Trading Symbol GLOBAL PAYMENTS INC [ GPN ] |                                    |                                |                 |   |                    |                         |   |  | tionship of Reporting Person(s) to Issuer<br>all applicable)  Director 10% Owner |  |  | vner  |            |
|--|---------|------------------|-------------|--|---------|---|------------------------------------|--------------------------------|-----------------|---|--------------------|-------------------------|---|--|--|--|--|---|------------|
| (Last)   | (First) | (Mi              | (Middle)    |  |         | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2021             |                                    |                                |                 |   |                    |                         |   |  | Officer (give title below)   |  |  | Other (specify below)   |            |
| (Street)   | •       |                  |             | 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 <sub>l</sub> | p)          |  |         |   |                                    |                                |                 |   |                    |                         |   |  |  |  |  |   |            |
|  |         | Та               | ble I - Noı | n-Der  | rivativ | e Se  | curitie                            | s Acq                          | uired,          | Disp  | osed of,           | , or E                  | Benefi  | cially Ow  | /ned   |  |  |   |            |
| Date   |         |                  |             | th/Day/Year)   |         | 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<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |
|  |         |                  |             |  |         |   |                                    |                                |                 | v   | Amount             | mount (A) or (D)        |   | Price  | (Instr. 3 an   |  |  |   | (111501.4) |
| Common Stock 06/1  |         |                  |             |  | 15/2021 |   |                                    | S <sup>(1)</sup>               |                 | 500   |                    | D                       | \$192.86  | 20,825   |  |  | 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)   |         |                  |             | Transac<br>Code (In                                      |         | 5. Num<br>Derivat<br>Securit<br>Acquir<br>or Disp<br>(D) (Ins<br>and 5) | tive<br>ties<br>ed (A)<br>oosed of | 6. Date<br>Expirati<br>(Month/ | on Da           | Derivative Securi<br>(Instr. 3 and 4)                           |                    | derlying<br>curity<br>) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of derivative Securities Beneficially Owned Following Reported 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>Exercis | able  | Expiration<br>Date | Title                   |   | Amount<br>or<br>Number<br>of Shares  |  | (Instr. 4)   |  |   |            |

## Explanation of Responses:

1. These shares were sold pursuant to a Rule 10b5-1 plan executed by the reporting person when he was not in possession of material non-public information.

/s/ David L. Green, attorney-in-fact for William I Jacobs

\*\* 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.