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] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|--|--|-------------------|--|--|--|------------------|---|---------|---|---|--|---|---|---|--|---|--|
| (Last) | (First) | (Mi | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2022 | | | | | | | | | Officer (g below) | ive title | | Other (s | |
| 3550 LENOX ROAD | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) ATLANTA | GA | 30. | 326 | | | | | | | | | | | | | , | • | One Reportin | g Person |
| (City) | (State) | (Zip | o) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | ivative | e Se | curitie | s Acq | uired, I | Disp | osed of, | , or | Benefi | cially Ow | ned | | | | |
| Date | | | | nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | ties Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amount Securities Beneficiall Following | y Owned Reported | Form | vnership : Direct (D) direct (I) : 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount (A) o | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 04/2 | | | | /29/2022 | | | | A ⁽¹⁾ | | 1,606 A | | \$136.98 | 15,5 | 15,576 | | 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 Day if any (Month/Day/ | ution Date, Trans | | | 5. Number of Derivative Securities Acquired (A) or Disposed (D) (Instr. 3, 4) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | te | Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | e | Amount or Number 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 05/03/2022 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.