FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB Number: 3235-0287 0.5

OMB APPROVAL

Estimated average burden hours per response:

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* Arroyo F. Thaddeus | | | 2. Issuer Name and Ticker or Trading Symbol <u>GLOBAL PAYMENTS INC</u> [GPN] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|--|---------|----------|--|---|--|--|--|--|--|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2023 | X Director 10% Owner Officer (give title Other (specify below) below) | | | | | | | | |
| 3550 LENOX ROAD | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic | | | | | | | | | |
| (Street) ATLANTA GA 30326 | | 30326 | X Form filed by One Reporting Person Form filed by More than One Report | | | | | | | | | |
| | | 30320 | Rule 10b5-1(c) Transaction Indication | | | | | | | | | |
| (City) | (State) | (Zip) | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | ecution Date, Transac ny Code (I | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|-------------------------------------|---|--|---------------|-------------------|----------------------------------|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 04/28/2023 | | A ⁽¹⁾ | | 1,952 | Α | \$ <mark>0</mark> | 8,074 | 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 | e (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--|---|--------------------|---|-----------------------------|---|------------|-----|--|--------------------|--|-------------------------------------|--------------------------------------|--|--|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (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 05/02/2023 for F. Thaddeus Arroyo

** 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.