

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol
<u>GTCR W Aggregator LP</u>	<u>01/09/2026</u>	<u>GLOBAL PAYMENTS INC [GPN]</u>
(Last) (First) (Middle)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)
300 NORTH LASALLE STREET, SUITE 5600		Director <input checked="" type="checkbox"/> 10% Owner
(Street)		Officer (give title below) Other (specify below)
CHICAGO IL 60654		
(City) (State) (Zip)		5. If Amendment, Date of Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line)
		Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	43,268,041	D ⁽¹⁾	

Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person *

GTCR W Aggregator LP

(Last) (First) (Middle)

300 NORTH LASALLE STREET, SUITE 5600

(Street)

CHICAGO IL 60654

(City) (State) (Zip)

1. Name and Address of Reporting Person *

GTCR Partners W LLC

(Last) (First) (Middle)

300 NORTH LASALLE STREET, SUITE 5600

(Street)

CHICAGO IL 60654

(City) (State) (Zip)

1. Name and Address of Reporting Person *

GTCR Investment XIII LLC

(Last) (First) (Middle)

300 NORTH LASALLE STREET, SUITE 5600

(Street)

CHICAGO IL 60654

(City) (State) (Zip)

1. Name and Address of Reporting Person *

GTCR Investment XIV LLC

(Last) (First) (Middle)

300 NORTH LASALLE STREET, SUITE 5600

(Street)

CHICAGO IL 60654

(City) (State) (Zip)

Explanation of Responses:

1. The reported securities are directly held by GTCR W Aggregator LP ("GTCR Aggregator"). GTCR Aggregator is managed by GTCR Partners W LLC, its general partner, which is indirectly managed by GTCR Investment XIII LLC and GTCR Investment XIV LLC. Each of the reporting persons may be deemed to share beneficial ownership of the reported securities, but disclaims such beneficial ownership, except to the extent of such reporting person's pecuniary interest therein, if any.

GTCR W Aggregator LP, By:

GTCR Partners W LLC, its

General Partner, By: /s/ Jeffrey Wright, Name: Jeffrey Wright, Title: Chief Legal Officer 01/12/2026

GTCR Partners W LLC, By: /s/ Jeffrey Wright, Name: Jeffrey Wright, Title: Chief Legal Officer 01/12/2026

GTCR Investment XIII LLC, By: /s/ Jeffrey Wright, Name: Jeffrey Wright, Title: Chief Legal Officer 01/12/2026

GTCR Investment XIV LLC, By: /s/ Jeffrey Wright, Name: Jeffrey Wright, Title: Chief Legal Officer 01/12/2026

** 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 5 (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.