Instruction 1(b)

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

U FOIII 3	Holdings Repo	rteu.												<u> </u>				
Form 4	Transactions R	eported.	File	ed pursuant to or Section					ities Excha ompany Ac									
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [KIDS]								5. Relationship of Repo (Check all applicable) Director				10%	Ssuer Owner (specify	
(Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018							Executive Vice President					y)`		
(Street) WARSAW IN 4			6582	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine)	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		Zip)	o														
		Tabl	e I - Non-Deriv	alive Sec			quire	u, Di	sposeu	oi, oi	Bellelici	any O	vviie	;u				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	5. Amou Securiti Benefic Owned		es ally		ership I n: Direct E	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Amount		(A) or (D)	Price	Iss	Issuer's Fiscal Year (Instr. 3 and		Indirect (I) (Instr. 4)			
Common Stock			12/17/2018		G			14,186(1)		D	\$0		90,578(2)		D			
		Та	ble II - Derivat (e.g., pı	ive Securi uts, calls,									ned					
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. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed)	Expir	ate Exercisable and ration Date nth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivati Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ot (Instr. 4)	
					(A)	(D)	Date Exerc	cisable	Expiratior Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Shares of OrthoPediatrics Corp common stock were given as a bone fide gift.
- $2. \ Includes \ restricted \ stock \ awards \ totaling \ 11,000 \ shares \ subject \ to \ vesting \ requirements.$

Remarks:

/s/ Daniel J. Gerritzen, Attorney-in-Fact

02/08/2019

** 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.