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 |
|--------|-------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | 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* Schlotterback Terry D | | | | 2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [KIDS] | | | | | | | | | Relationsh neck all ap X Dire | ' ' | ing Pei | rson(s) to I | | |
|--|--|---------------|--|---|---|---|--|--|------|---|---|-----------------|---|---|--|--------------------------|---|--|
| (Last) | (Fir | rst) (N | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023 | | | | | | | | | Officer (give title below) | | Other (s | specify | |
| C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) WARSA | W IN | Warsaw | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | (State) (Zip) | | | | Rule 10b5-1(c) Transaction Indication 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 | l - Nor | n-Deriva | tive S | ecur | ities Acq | uired, I | Disp | osed of | , or | Ben | efici | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Date | | | Transaction Disposed Code (Instr. and 5) | | | ities Acquired (A d Of (D) (Instr. 3, | | | Secui Benet Owner Follow | icially d ving | | : Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A (C | A) or D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common | Stock | | | 06/14/2 | 2023 | | | A | | 1,965 | | Α | \$0 | 17 | 7,921 ⁽¹⁾ | | 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) | vative Conversion Date Executivity or Exercise (Month/Day/Year) if any | | if any | emed tion Date, n/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | , | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) (D) | Date Exercisal | | Expiration Date | Title | or Nun of | | | | | | |

Explanation of Responses:

1. Includes restricted stock awards totaling 3,560 shares.

Remarks:

/s/ Daniel J. Gerritzen,
Attorney-in-fact
** Signature of Reporting Person

06/15/2023

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.