FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

OMB APP	OMB APPROVAL								
OMB Number: 3235-0									
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hours per response	9: 0.5								

	tion 1(b).	iuc. Sec		Filed							ities Exchang ompany Act o		1934			nours	per re	esponse:	0.5	
1. Name and Address of Reporting Person*  Odle Gregory A  (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol     ORTHOPEDIATRICS CORP [ KIDS ]      3. Date of Earliest Transaction (Month/Day/Year)										tionship of Reportin all applicable) Director Officer (give title below)		10% Ov Other (s below)		wner	
C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE					04/25/2023									President of Scoliosis						
(Street) WARSA' (City)			6582 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									Individ ne) X	<i>'</i>					
		Table	I - N	on-Deriva	tive S	Secui	rities	Acc	quire	d, Di	sposed of	, or B	enefici	ally (	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acq Disposed Of (D) (					Securii Benefi	cially I Following	Fori	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code V		Amount	(A) or (D)	Price	- 1-	Transaction(s) (Instr. 3 and 4)				(111501. 4)	
Common Stock 04/25/2					.023			S		828(1)	D	\$50.02	)237 86		,574 <sup>(2)</sup>		D			
		Tal	ole II								oosed of, convertib				wned	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) By Security Acquire		rative rities nired r osed )	Expiration Date (Month/Day/Year)			Amount of De Securities Se		Deriv Secu	Price of rivative curity Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

## **Explanation of Responses:**

- 1. Shares sold pursuant to a 10b5-1 plan.
- 2. Includes restricted stock awards totaling 37,910 shares.

## Remarks:

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

04/26/2023

\*\* 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.