FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |          |  |  |  |  |  |  |
|--------------|----------|--|--|--|--|--|--|
| OMB Number:  | 3235-028 |  |  |  |  |  |  |

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## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Hite Fred</u>                                                                                    |                                                                       |                                            |                                               |                              |        | 2. Issuer Name <b>and</b> Ticker or Trading Symbol ORTHOPEDIATRICS CORP [ KIDS ] |                  |           |                    |                                                                |         |                                             |                                                                                                   |                      |          |                                    | olicable)                                                                                       | ng Person(s) to                                                   | Issuer                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|------------------------------|--------|----------------------------------------------------------------------------------|------------------|-----------|--------------------|----------------------------------------------------------------|---------|---------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|----------|------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| (Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE                                                                        |                                                                       |                                            |                                               |                              |        | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019                      |                  |           |                    |                                                                |         |                                             |                                                                                                   |                      | X        | belov                              |                                                                                                 |                                                                   | ,                                                                 |
| (Street) WARSAV                                                                                                                              |                                                                       |                                            | 46582<br>Zip)                                 |                              | 4. If  | Ame                                                                              | endmen           | t, Date o | of Origina         | d (Month/Da                                                    | ay/Yea  | ar)                                         |                                                                                                   | . Indiv<br>ine)<br>X |          |                                    |                                                                                                 |                                                                   |                                                                   |
|                                                                                                                                              |                                                                       | Tabl                                       | e I - Nor                                     | ı-Deriv                      | ative  | Se                                                                               | curiti           | es Ac     | quired             | , Dis                                                          | posed o | f, or                                       | Ben                                                                                               | eficia               | ally (   | Owne                               | ed                                                                                              |                                                                   |                                                                   |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                                                                                |                                                                       |                                            |                                               |                              |        | Executio                                                                         |                  | on Date,  | Code               | Transaction Disposed Code (Instr. 5)                           |         | ities Acquired (A)<br>d Of (D) (Instr. 3, 4 |                                                                                                   |                      | 4 and So |                                    | ount of<br>ties<br>cially<br>d Following<br>ted                                                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|                                                                                                                                              |                                                                       |                                            |                                               |                              |        |                                                                                  |                  |           |                    | v                                                              | Amount  |                                             | (A) or<br>(D)                                                                                     | Price                |          | Transaction(s)<br>(Instr. 3 and 4) |                                                                                                 |                                                                   | (man. 4)                                                          |
| Common Stock 02/2                                                                                                                            |                                                                       |                                            |                                               | 02/28                        | 3/2019 | )                                                                                |                  |           |                    |                                                                | 11,41   | 8                                           | A                                                                                                 | \$0                  |          | 58,947(1)                          |                                                                                                 | D                                                                 |                                                                   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                                                       |                                            |                                               |                              |        |                                                                                  |                  |           |                    |                                                                |         |                                             |                                                                                                   |                      |          |                                    |                                                                                                 |                                                                   |                                                                   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date, Transacti<br>Code (Ins |        |                                                                                  |                  |           | Expirati           | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |         |                                             | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                      |          | ivative<br>urity                   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |
|                                                                                                                                              | Coo                                                                   |                                            | Code                                          | v                            | (A)    | (D)                                                                              | Date<br>Exercisa | able      | Expiration<br>Date | Title                                                          | Nur     | nber                                        |                                                                                                   |                      |          |                                    |                                                                                                 |                                                                   |                                                                   |

## **Explanation of Responses:**

1. Includes restricted stock awards totaling 21,418 shares.

## Remarks:

/s/ Daniel J. Gerritzen, Attorney-in-Fact 03/01/2019

\*\* 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.