FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-02								

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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

Name and Address of Reporting Person*     Gerritzen Daniel J						2. Issuer Name <b>and</b> Ticker or Trading Symbol ORTHOPEDIATRICS CORP [ KIDS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
GCIIICE	II Duinci	<u> </u>																			
(Last) (First) (Middle)					3 D	Date of Earliest Transaction (Month/Day/Year)								$\dashv$	X	Offic belov	fficer (give title elow)		Other (specify below)		
(Last) (First) (Middle)						03/03/2020										General Counsel and Secret			Secreta	rv	
C/O ORTHOPEDIATRICS CORP.					100															J	
2850 FRONTIER DRIVE																					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable						
, a					.	4. Il Amendinent, Date of Original Filed (Month/Day/Teal)									Line)						
(Street)															X	Forn	n filed by One	e Reporti	ng Pers	on	
WARSAV	N IN	4	46582													Eorn	n filed by Moi	re than ∩	ne Den	ortina	
					-											Pers		ic tilaii O	не пер	orting	
(City)	(St	ate) (	Zip)																		
(9)	(	(																			
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Acq	quired,	Dis	posed o	f, oı	r Bene	eficia	ally	Owne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action	execution 2A. Deemed Execution Date, if any (Month/Day/Year)			3.								ount of	6. Owne		7. Nature	
				Date (Month)	Day/Ve:					Transaction Disposed Of (D) (Instr. Code (Instr. 5)			3, 4 a					Form: Direct D) or Indirect I) (Instr. 4)	of Indirect Beneficial Ownership		
				( ( ( ( ) ( ) ( )	Dayric								Owned		l Following						
											(A) or (D)			ice Repor					(Instr. 4)		
									Code	۱۷			Amount			Price	3 and 4)				
Common Stock 03/03/					3/2020				A		7,317	7 A :		\$	39,637(1)		),637 <sup>(1)</sup>	D	)		
																		<u> </u>			
		Та	able II - E												y Ov	vned					
			(	e.g., pi	uts, c	alis	, warra	ants,	options	s, co	onvertib	ne s	ecurii	ies)							
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Tr	4. Transaction				6. Date Exercisal Expiration Date			7. Title and Amount of				ice of	9. Number o	f 10. Ownership	11. Nature of Indirect		
Security	or Exercise Price of Derivative				Code (	Code (Instr.		. Derivative (		(Month/Day/Year)			Securities		Security		Securities	Forn	Form:	Beneficial	
(Instr. 3)					8)		Securities Acquired						Underlying Derivative			r. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security			- 1			(A) or			Security (Inst			str. 3	3		Following		nstr. 4)	(111311. 4)		
				- 1	Disposed					and 4)							Reported Transaction	(a)			
					(1			of (D) (Instr. 3, 4									(Instr. 4)	(5)	' [		
							and 5)										,				
									Ame	ount											
													or								
							Date	- [,	xpiration		Nun	nber									
					Code	v	(A)		Exercisat		Date	Title		res							

## **Explanation of Responses:**

1. Includes restricted stock awards totaling 22,419 shares.

## Remarks:

/s/ Daniel J. Gerritzen

03/04/2020

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.