FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours per respons	۰ 05								

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>Riccitelli Samuel D</u>				2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [ KIDS ]									k all app Direc	onship of Reporting F all applicable) Director		10% O	wner		
(Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP.				3. Date of Earliest Transaction (Month/Day/Year) 06/03/2020									Office	er (give title /)		Other (below)	specify		
2850 FRONTIER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) WARSA	W IN	4	6582										X	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			- 1	
(City)	(Sta	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Securi Benefi Owned		ies cially Following	Form:	: Direct Indirect	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount (A) or (D)		or Pi	rice		action(s) . 3 and 4)			(Instr. 4)
Common Stock 06/03/2				/2020		A		1,400	I	A .	\$ <mark>0</mark>	\$0 4,200 <sup>(1)</sup>			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)	Derivative Security  Or Exercise Instr. 3)  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amount or Numb of Share		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

1. Includes restricted stock awards totaling 2,801 shares.

## Remarks:

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

06/04/2020

\*\* 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.