## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0362										
Estimated average burden											
hours per respons	se: 1.0										

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	eported.	File	ed pursuant to or Sectior												
1. Name and Address of Reporting Person* Squadron Capital LLC			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 X 10% Owner  Officer (give title Other (specify below)							
(Last) (First) (Middle) 18 HARTFORD AVE., PO BOX 223				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018										/Year)		
(Street) GRANBY (City)			i6035 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		Of (D)	4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)  Amount (A) or Price			d 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and		Forr (D) (	nership n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock							Amount (		(D)		5,375,424 <sup>(1)</sup>			D 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  G. Date Exercisable Expiration Date (Month/Day/Year)  (Month/Day/Year)  Disposed of (D) (Instr. 3, 4 and 5)		tte (ear)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title		8. Price of Derivative Security (Instr. 5)		e es ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		

## Explanation of Responses:

1. On October 16, 2017, the reporting person filed a Form 4 which inadvertently overstated the number of common shares held by Squadron Capital LLC by 3,017 shares. The corrected amount is included in this amendment

## Remarks:

/s/ Daniel J. Gerritzen, Attorney-in-Fact 02/08/2019

\*\* 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.