FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIA	L OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	hurdon								

0.5

hours per response:

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

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 7	-									
Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol ORTHOPEDIATRICS CORP [ KIDS ]								5 (0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bailey David R				1											Direc	ctor	10%	Owner			
				-										X Office below		er (give title v)	Othe belo	er (specify w)			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										Executive Vice President		nt			
C/O ORTHOPEDIATRICS CORP.				12/	12/13/2019									LACCULIVE VICE FIESIGEII							
2850 FR	ONTIER D	DIVE				i I															
2030 110	JIVIILK D	ICI V L			1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6 Individual or Joint/Croup Filing (Chook Applicable					
-					-   4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Form	n filed by One	e Reporting Pe	erson		
WARSA	N IN		46582												21		,	, ,			
					-											Form filed by More than One Reporting Person					
(City)	(C+	oto) (	(7in)													. 0.0					
(City)	(31	ate) (	(Zip)																		
		Tabl	le I - Noi	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	r Ben	eficia	ally (	Owne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action	Execution Date,			3. 4. Securities Acquired (A) of								ount of	6. Ownership	7. Nature		
				Date (Month/	Day/Vea						Disposed 5)	sposed Of (D) (Instr. 3, 4			and Securi Benefi			Form: Direct (D) or Indirec	of Indirect Beneficial		
(WO			(MOTILIA)			(Month/Day/Year)		8)		"				Owne		d Following	(I) (Instr. 4)	Ownership			
									1			(A) or Price		Report		ted action(s)		(Instr. 4)			
								Code	V	Amount		(A) (I) (D)	Price	•	(Instr. 3 and 4)						
Common Stock 12/13				3/2019	2019		S <sup>(1)</sup>		15,000	)	D	\$34	4.31 8		5,093(2)	D					
								_													
		18									osed of, onvertib				y Ov	vnea					
1. Title of	2.			3A. Deemed		4.				6. Date Exercisable and		7. Title and			8. Price of		9. Number o		11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	n Date,	Date, Transa Code (I					Expiration Date			ount of urities			ative	derivative Securities	Ownershi Form:	of Indirect Beneficial		
(Instr. 3)	Price of	(World // Day/ Teal)	(Month/Day/	ay/Year)		msu.		Securities		(Month/Day/Year)			lerlying		Security (Instr. 5)		Beneficially		Ownership		
	Derivative	' '					Acquired					Derivative				Owned Following	or Indirec				
Security							(A) or Disposed		Security (Inst and 4)			Str. 3	3		Reported	(I) (Instr. 4)	'				
							of (D) (Instr. 3, 4 and 5)						.,				Transaction	(s)			
																	(Instr. 4)				
		ŀ	<del></del>		1					-			-								
													Amo								
													Nur	nber	r						
						v	(A) (D)				Expiration Date	Title	of	f hares							
	l	I	1		Code	ı .	1 4 7	ı '-'				1	1					1	1		

## **Explanation of Responses:**

- 1. Shares sold in an underwritten public offering in which the Reporting Person was a selling stockholder.
- $2. \ Includes \ restricted \ stock \ awards \ totaling \ 20,\!515 \ shares.$

## Remarks:

/s/ Daniel J. Gerritzen, Attorney-in-Fact 12/13/2019

\*\* 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.