FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL										
OMB Number:	3235-0287									
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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(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Gerritzen Daniel J					2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [KIDS]									heck all a Dir		ng Person(s) to 10% (
(Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/21/2024										ow) `` neral Couns	sel an	below)	·		
(Street) WARSA (City)		4	6582 Zip)		4. If A	Amend	ment,	Date o	f Origina	al Filed	d (Month/Da	y/Yea	ar)		ne) Foi	or Joint/Grou m filed by On m filed by Mo son	ie Rep	porting Perso	on
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date		Date,	Transaction Disposed Of (D) Code (Instr. 5)			s Acquired (A) or of (D) (Instr. 3, 4 a		nd Secu Bene Own	nount of rities ficially ed Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V		Amount	(A (D	() or ()	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 08/21/2					/2024				S		10,000		D	\$29	9.3 77,304(1)			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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g Instr.	8. Price of Derivativ Security (Instr. 5)		ly Own For Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Nu	mber ares					

Explanation of Responses:

1. Includes restricted stock awards totaling 66,518 shares.

Remarks:

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

08/22/2024

** 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.