FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNEDSHID

OMB APPROVAL									
OMB Number: 3235-03									
Estimated average burden									
hours per response	: 1.0								

Form 3	· · · · · · · · · · · · · · · · · · ·								hou	hours per response: 1.0									
Form 4	1 Transactions	Reported.	Filed	d pursuant to S or Section 3															
1. Name ar Throda	2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [KIDS]							5. Relationship of R (Check all applicabl X Director			Reporting Person(s) to Issole)		Owne	er					
(Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020							//Year)	X Officer (give title Other (specify below) CEO						cify	
(Street) WARSAW IN			16582	4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City)																			
		Table	I - Non-Deriva	ative Secu	rities	s Acc	uire	d, Dis	posed (of, or	Benefi	icial	ly Own	ed					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)) or Dispo	5. Amount Securities Beneficially Owned at 6		es ally	Owne lly Form		Indirec Benefic	Nature of lirect neficial nership	
				(monan bay) reary		,		Amount		(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Common	Stock												151	,557	7 D				
Common	Stock											22,497 ⁽¹⁾ I			By Trust				
		Ta	ble II - Derivat (e.g., pu	ive Securit uts, calls, v									Owne	d					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	umber 6. Da Expir vative (Mon urities uired or oosed b) r. 3, 4		te Exercisable and ration Date th/Day/Year) Expiration cisable Date		Am Sec Und Der Sec 3 ar	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numbo of		3. Price of Derivative Security (Instr. 5) Beneficio Owned Followin Reporter Transact (Instr. 4)		es ally g d ion(s)	10. Owners Form: Direct (I or Indire (I) (Instr.	nip of Bo O) On oct (Ir	1. Nature f Indirect eneficial wnership nstr. 4)	

Explanation of Responses:

1. Shares held in the Josephine Throdahl Living Trust which the holder is the Trustee. These shares were inadvertently omitted in previous filings.

Remarks:

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

02/12/2021

** 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.