FORM 4

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

| STATEMENT | OF CHANGES II | N BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|
| | | | |

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

| Name and Address of Reporting Person* Odle Gregory A | | | | | 2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [KIDS] | | | | | | | | (Che | ck all app | , | | 10% O | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------|-------------------------------------------------------------|---------------------------------------------------------------------------|--------|-------------------------------------|------------------------------------|--------------------------|------------------|---------------------------------------|-------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2022 | | | | | | | | | 7 | belov | | | below) | , | |
| (Street) WARSA (City) | W IN | 4 | 6582 Zip) | | 4. If A | Amend | ment, | Date o | f Origina | al Filed | d (Month/Da | ıy/Year |) | 6. In Line | Form | filed by On filed by Mo filed by Mo | ie Rep | oorting Pers | son |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | | | es Acquired (A Of (D) (Instr. 3, | | | Securi Benefi | ties F cially (I d Following (I | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | action(s) 3 and 4) | | | (111341.4) | |
| Common Stock 03/15/2 | | | | 2022 | | | A | | 12,364 A | | A | \$ <mark>0</mark> | 75,125(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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | Instr. | of | iired r osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da | | Amor Secu Unde Deriv | le and unt of rities erlying ative rity (In I 4) Amo or Num of Shar | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 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 25,830 shares.

Remarks:

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

03/16/2022

** 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.