FORM 4

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	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number: 3235-0287 Estimated average burden											
	hours per response	. 05										

	tion 1(b).	nuc. See		Filed	pursua or Se	nt to S ction 3	Section 30(h) o	16(a) f the In	of the Se vestmer	ecuriti nt Con	es Exchang npany Act o	e Act o f 1940	f 1934			nours	per re	sponse:	0.5
1. Name and Address of Reporting Person* <u>Burns Stephen F</u>				2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [KIDS]									k all app	ficer (give title		rson(s) to Is			
(Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP.					3. Date of Earliest Transaction (Month/Day/Year) 08/24/2021												Office below	Other (s below)	specify
2850 FRONTIER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WARSA	W IN		6582											X	-,				
(City)	(St	ate) (2	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Exe eay/Year) if an		a. Deemed recution Date, any lonth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pri	Reporte Transac (Instr. 3		ed action(s) 3 and 4)			(Instr. 4)
Common Stock 08/24/					1/2021				S		417	Г) (65	10,445			I	By Trust
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rsion crise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Secution Date, if any (Month/Day/Year) Secution Date,		rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Amount of Securities Underlying Derivative Security (Ir 3 and 4)				nt of ities lying ative ity (Inst				Own Forn Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V		v	(A)	(D)	Date Expiration Exercisable Date		Title	or Number of Shares	er						

Explanation of Responses:

Remarks:

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

08/26/2021

** 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.