FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO                | VAL       |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |  |

| 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. Name and Address of Reporting Person* <u>Gerritzen Daniel J</u>    |   |  |                   |         |   | 2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [ KIDS ] |   |       |                   |  |                 |                              |   |                               |        | Check all ap<br>Dire   | plicable)   |   | o Issuer % Owner ner (specify          |  |
|---|---|--|-------------------|---------|---|---|---|-------|-------------------|--|-----------------|------------------------------|---|-------------------------------|--------|--|---|---|--|--|
| (Last) (First) (Middle) C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE |   |  |                   |         |   |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2017 |       |                   |  |                 |                              |   |                               |        |  | w)  | below) sel and Secretary  |  |  |
| (Street) WARSAW IN 46582 (City) (State) (Zip)                         |   |  |                   |         | 4. If                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |   |       |                   |  |                 |                              |   |                               |        | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |   |  |  |
|   |   | Tabl                                       | e I - Noi         | n-Deriv | /ative                                  | Se  | curiti  | es Ac | quire             | d, Di  | spc             | osed o                       | f, or   | Bene                          | eficia | ally Own   | ed  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)         |   |  |                   |         |   | Execution Da  |   |       | Transaction Dispo |  |                 | 4. Securit<br>Disposed<br>5) |   |                               |        | nd Secur<br>Benef<br>Owne  | icially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | of Indirect<br>Beneficial<br>Ownership |  |
|   |   |  |                   |         |   | Cod   | e V   | 1     | Amount            | (A<br>(I   | A) or<br>D)     | Price                        | Report Trans (Instr.  | action(s)<br>3 and 4)         |        | (Instr. 4)   |   |   |  |  |
| Common Stock 10/16/   |   |  |                   |         |   |   |   |       |                   |  |                 | 5,360                        | 1)  | Α                             | \$     | 0 3  | 30,663  | D   |  |  |
| Common Stock 10/16/   |   |  |                   |         |   |   |   |       |                   |  |                 | 2,300                        | 2)  | D                             | \$1    | .3 2   | 28,363  |   |  |  |
|   |   | Та   |                   |         |   |   |   |       |                   |  |                 | ed of, one                   |   |                               |        | y Owned  |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | e Execution Date, |         | 4.<br>Transaction<br>Code (Instr.<br>8) |   | n of  |       | Expira            | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |                 |                              | e and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) |                               | str. 3 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr.         | Beneficial Ownership (Instr. 4)        |  |
|   |   |  |                   |         | Code                                    | v   | (A)   | (D)   | Date<br>Exerci    | sable  | Ex <sub>I</sub> | piration<br>te               | Title   | Amo<br>or<br>Nun<br>of<br>Sha |        |  |   |   |  |  |

## Explanation of Responses:

- 1. Represents shares of restricted stock granted pursuant to the Issuer's 2017 Incentive Award Plan. These shares will vest in full on the six month anniversary of the grant date (subject to the reporting person's continued service through such date); provided, however, that these shares will vest in full if the reporting person's employment is terminated by reason of death or disability or without "cause," or if the reporting person terminates his employment for "good reason" (each as defined in the reporting person's employment agreement).
- 2. Represents shares delivered to the Issuer to satisfy tax withholdings in connection with the lapse of restrictions on 5,333 shares of restricted common stock.

<u>/s/ Daniel J. Gerritzen</u> <u>10/16/2017</u>

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.