FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	

STATEMENT	OF	<b>CHANGES</b>	IN BE	ENEFICIA	L OWN	ERSHIP
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OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
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(b).

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>Infante (Reynolds) Marie C</u>					2. Issuer Name and Ticker or Trading Symbol ORTHOPEDIATRICS CORP [ KIDS ]								(Che	elationship eck all appl Oirect	licable)	ng Per	son(s) to Is		
(Last)	(Fir	est) (M	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 05/28/2024										r (give title		Other (s below)	specify
C/O ORTHOPEDIATRICS CORP. 2850 FRONTIER DRIVE					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person			.		
(Street) WARSA	W IN	4	6582												Form Perso		re thai	n One Repo	orting
(City)	(St		Zip)	n Doriva	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
1. Title of Security (Instr. 3) 2. Transaction							tive Securities Acquired, Disposed of, or Benefition 2A. Deemed 3. 4. Securities Acquired (A									6. Ownership 7. Na			
Date				Date (Month/Da	ay/Year) if any			Date, y/Year)	Transaction Disposed Code (Instr. 5)		Of (D) (Instr. 3, 4		3, 4 and	Benefic Owned	ially Following	(D) o	r Indirect str. 4)	of Indirect Beneficial Ownership	
										v	Amount	(A) (D)	or I	Price		ed action(s) 3 and 4)		ľ	(Instr. 4)
Common	Stock			05/28/	2024		A		2,766	A	4	\$ <mark>0</mark>	0 11,365 <sup>(1)</sup>			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion or Exercise Price of Derivative Security			4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		(	s. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber					

## Explanation of Responses:

1. Includes restricted stock awards totaling 4,640 shares.

## Remarks:

/s/ Daniel J. Gerritzen, Attorney-in-Fact 05/30/2024

\*\* 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.