FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

STATEMENT	OF C	HANGES	IN BE	NEFICIAL	OWNERSI	HIP
., ==	. .				• • • • • • • • • • • • • • • • • • • •	•••

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
houre 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

	nd Address of on David 1	Reporting Person* $\frac{\mathbf{R}}{\mathbf{R}}$			2. Issuer Name and Ticker or Tradii ORTHOPEDIATRICS C						<u>)RP</u> [KII	os]		Relationshi heck all app X Direc	olicable)	ting Pe	. ,	Issuer Owner
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/28/2024							Offic belov	er (give titl w)	е	Othe belov	(specify ()		
		CAPITAL LLC E., PO BOX 223	3		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Che Line)						•							
(Street)	Y CI	. 0	6035												n filed by O n filed by M on			
GRANBY CT 06035 (City) (State) (Zip) 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.												tended to						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	or B	enefici	ally Own	ed			
Date		2. Transact Date (Month/Dat	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securities Beneficially Owned Following		Form: Direct In (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
					Code V Amount (A) or Price Reported Transaction(s) (instr. 3 and 4)							(Instr. 4)						
Common	Stock			05/28/2	2024)24 A			A		2,766	A	\$0	24,	24,547(1)		D	
Common	Stock													6,901,764		I See footnote		See footnote ⁽²⁾
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 tion Date, n/Day/Year)		sinsaction de (Instr. Securitie Acquired (A) or Disposec of (D) (Instr. 3, and 5)		vative crities cired r osed)	6. Date Exercisab Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

- 1. Includes restricted stock awards totaling 4,640 shares.
- 2. These shares are held by Squadron Capital LLC ("Squadron"). As the President and a member of the Managing Committee of Squadron, the reporting person may be deemed to be the beneficial owner of these shares. The reporting person expressly disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest therein. The inclusion of these shares in this report shall not be deemed to be an admission of beneficial ownership for purposes of Section 16 or for any other purpose.

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.