SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| \Box | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) |
|--------|---|
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | OVAL | | | | | | | | |
|--------------------------|------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1. Name and Addr <u>Kirschman I</u> | | , | 2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner |
|--|------------------------------|------------------|--|---|
| (Last) 664 CRUISER | (First) LANE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2016 | Officer (give title Other (specify below) below) |
| (Street) BELGRADE (City) | itreet) BELGRADE MT 59714 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person |
| | | Table I - Non-De | erivative Securities Acquired, Disposed of, or Ben | eficially Owned |
| | | | | |

| 1. Title of Security (Instr. 3) | Date | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | Disposed Of (D) (Instr. 3, 4 and 5) | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|------|---|------------------------------|---|--------|--|-------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |

 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Unit | (1) | 07/02/2016 | | D | | | 40,000 | (1) | (1) | Common Stock | 40,000 | \$0 | 0 | D | |

Explanation of Responses:

1. The Restricted Stock Units were forfeited in connection with Dr. Kirschman's resigned from his position as Executive Vice President and Chief Scientific Officer of the Company, effective July 2, 2016.

/s/ David Louis Kirschman 07/05/2016

** 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.