FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	

OMB APPROVAL

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Instruc	tion 1(b).			Filed		to Section 16(a ion 30(h) of the							4					
1. Name and Address of Reporting Person* Mazzocchi Rudy A					2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]								(Ch	elationship of the control of the co	able)	g Person(s) to Issu 10% Ow		
(Last) 12168 N	ast) (First) (Middle) 2168 NW 9TH DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 07/05/2016									Officer below)	(give title		Other (s below)	specify
Street) CORAL SPRINGS FL 33071				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tak	le I - Non	-Deriva	ative Se	curities Ac	quir	ed, C	Disp	osed o	f, or	Bene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution D		, Tr	3. Transaction Code (Instr. 8)		Disposed	ities Acquired (A) d Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							C	ode	v	Amount		(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(111341. 4)
		-				urities Acq s, warrants								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			ansaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisal Expiration Date (Month/Day/Year				7. Title and Amoun 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)

Date

Exercisable

07/05/2017

(D)

Explanation of Responses:

\$1.99

Stock Option

/s/ Rudy A. Mazzocchi

Expiration

07/05/2027

Title

Common Stock

07/05/2016

29,700

D

** Signature of Reporting Person

Amount or Number

of Shares

29,700

\$<mark>0</mark>

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).

07/05/2016

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.

(A)

29,700