FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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

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1. Name and Address of Reporting Person*  JUDA GREGORY ALEXANDER					2. Issuer Name and Ticker or Trading Symbol  Bacterin International Holdings, Inc. [ BONE ]  3. Date of Earliest Transaction (Month/Day/Year)  07/24/2014								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Chief Scientific Officer				
(Last) (First) (Middle) 664 CRUISER LANE																	
(Street) BELGRADE MT 59714				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					
(City) (State) (Zip)												Person					
		Та	ble I - Non	-Deriva	tive \$	Secu	rities Ac	quired, D	Disp	osed o	f, or Be	neficial	ly Owned				
Date			2. Transac Date (Month/Da	Execution Date,		e, Transaction Dispose Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Beneficia Owned F	s Illy ollowing (	Ownership orm: Direct O) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
			Table II - I					uired, Di s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Datif any (Month/Day/Ye	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownersh Form: y Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisable		piration ite	Title	Amount or Number of Shares		Transaction(s (Instr. 4)	n(s)		
Employee Stock Option	\$6.9	07/24/2014		D			25,000	(1)	11/	/17/2020	Common Stock	25,000	(2)	0	D		
Employee Stock Option	\$1.48	07/24/2014		D			120,000	(3)	05/	/08/2022	Common Stock	120,000	(2)	0	D		
Employee Stock Option	\$1.34	07/24/2014		D			2,500	12/13/2007	08/	/22/2015	Common Stock	2,500	(2)	0	D		
Employee Stock Option	\$1.34	07/24/2014		D			3,750	12/13/2007	02/	/08/2017	Common Stock	3,750	(2)	0	D		
Employee Stock Option	\$1.34	07/24/2014		D			24,999	(4)	08/	/21/2017	Common Stock	24,999	(2)	0	D		

## **Explanation of Responses:**

- 1. The option became exercisable in three equal annual installments beginning on 11/17/2011.
- 2. The option was canceled by mutual agreement of the reporting person and the issuer. The reporting person received \$1.00 as consideration for the cancellation of all options listed in this Form 4.
- 3. The option provided for vesting in five equal annual installments beginning April 1, 2013.
- $4. \ The \ option \ provided \ for \ vesting \ in \ three \ equal \ annual \ installments \ beginning \ August \ 21, \ 2008.$

<u>/s/ Greg Juda</u> <u>07/25/2014</u>

\*\* Signature of Reporting Person

Data

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.