## SEC Form 4

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# 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
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

### OMB APPROVAL OMB Number: 3235-0287

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hours per response:	0.5
Estimated average burden	

1. Name and Addre Brandt Kevin		g Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Xtant Medical Holdings, Inc.</u> [XTNT]	(Check	tionship of Reporting Pers all applicable) Director	10% Owner				
(Last) 664 CRUISER	(First) LANE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2019		Officer (give title below) Chief Commercia	Other (specify below) al Officer				
(Street) BELGRADE (City)	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-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)		Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock, \$0.000001 par value	08/15/2019		Α		<b>35,169</b> <sup>(1)</sup>	Α	\$ <mark>0</mark>	75,169 <sup>(2)</sup>	D	

### 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				
Stock Option (right to buy)	\$2.76	08/15/2019		A		40,527		(3)	08/15/2029	Common Stock	40,527	\$0	40,527	D	

#### Explanation of Responses:

1. These shares will vest and be issued with respect to 8,792 shares on each of August 15, 2020, August 15, 2021 and August 15, 2022 and with respect to 8,793 shares on August 15, 2023 pursuant to a restricted stock unit granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan.

2. These shares will be issued over time subject to vesting pursuant to restricted stock units granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan.

3. This option vests with respect to 10,131 shares on August 15, 2020 and with respect to 10,132 shares on each of August 15, 2021, August 15, 2022 and August 15, 2023, subject to such Reporting Person's continued employment with Xtant Medical Holdings, Inc.



08/16/2019

Date

\*\* Signature of Reporting Person

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.