SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

1. Name and Address of Reporting Person <sup>*</sup> <u>TIMOTHY SHANE COOK TRUST</u>		2. Date of Event Requiring Statement (Month/Day/Year) 06/15/2012		3. Issuer Name and Ticker or Trading Symbol <u>Bacterin International Holdings, Inc.</u> [ BONE ]					
(Last) (First) 1011 CENTRE ROAD 2ND FLOOR (Street) WILMINGTON DE	(Middle)			4. Relationship of Reporting Perso Check all applicable) Director X Officer (give title below)	on(s) to Issue 10% Owne Other (spe below)	er	(Mon 6. Inc	th/Day/Year) dividual or Joint cable Line) Form filed b	ate of Original Filed /Group Filing (Check y One Reporting Person y More than One erson
(City) (State)	(Zip)	Table L. Non De	rivativ	ve Securities Beneficiall	v Ownod				
1. Title of Security (Instr. 4)				Amount of Securities eneficially Owned (Instr. 4)	urities 3. Ownership 4. Nature of In				Beneficial Ownership
Common Stock				2,000,000 <sup>(1)</sup>	D				
Common Stock				2,000,000 <sup>(2)</sup>	D				
Common Stock				2,000,000 <sup>(3)</sup>	D				
Table II - Derivative Securities Beneficially Owned       (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable ar Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit	ities 4. ity (Instr. 4) Con or E		version cercise	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exp Exercisable Dat	xpiration d		Amount or Number of Shares	Price of Derivative Security			
1. Name and Address of Rep <u>TIMOTHY SHANI</u>									
(Last) (Fir: 1011 CENTRE ROAD 2ND FLOOR	st) (Middle)								
(Street) WILMINGTON DE	19805								
(City) (Sta	ate) (Zip)								
1. Name and Address of Reporting Person* <u>STEVEN THOMAS COOK TRUST</u>									
(Last) (Firs 1011 CENTRE ROAD 2ND FLOOR	st) (Middle)								
(Street) WILMINGTON DE	19805								
(City) (Sta	ate) (Zip)								
1. Name and Address of Reporting Person* <u>MICHELLE ALLISON COOK TRUST</u>									
(Last) (First 1011 CENTRE ROAD 2ND FLOOR	st) (Middle)								

(Street) WILMINGTON	DE	19805		
(City)	(State)	(Zip)		

## Explanation of Responses:

1. These shares are owned by the Timothy Shane Cook Trust created under the Cook 2012 Gift Trust

2. These shares are owned by the Steven Thomas Cook Trust created under the Cook 2012 Gift Trust  $% \left( \mathcal{L}^{2}\right) =\left( \mathcal{L}^{2}\right) \left( \mathcal{L}^{2}\right$ 

3. These shares are owned by the Michelle Allison Cook Trust created under the Cook 2012 Gift Trust  $\$ 

## Remarks:

The 3 trusts jointly filing this Form 3 may be considered a "group" for purposes of Section 13(d) of the Exchange Act. Indirect beneficial ownership of the shares held by the 3 trusts is also reflected in a Form 4 previously filed by Guy Cook on June 18, 2012.

<u>/s/ Deutsche Bank Trust</u> <u>Company, as Trustee for the</u> <u>Timothy Shane Cook Trust</u> <u>created under the Cook 2012</u> <u>Gift Trust</u>	<u>06/25/2012</u>
<u>/s/ Deutsche Bank Trust</u> <u>Company, as Trustee for the</u> <u>Steven Thomas Cook Trust</u> <u>created under the Cook 2012</u> <u>Gift Trust</u>	<u>06/25/2012</u>
/s/ Deutsche Bank Trust Company, as Trustee for the Michelle Allison Cook Trust created under the Cook 2012 Gift Trust ** Signature of Reporting Person	<u>06/25/2012</u> Date
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 5 (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.