SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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

Section obligat	n 16. Form 4 of ions may conti tion 1(b).	Form 5	•		ad purouar	et to Costion 16(		. <u> </u>			~~~	of 102	4			ated aver per resp	rage burder ionse:	n 0.5
Instruc	uon 1(b).			FII		nt to Section 16( ction 30(h) of the							4					1
		Reporting Person*				er Name <b>and</b> Tic t <mark>Medical</mark> H					т 1			elationship o ck all applic		g Persor	n(s) to Issi	Jer
Brown	<u>e Sean E</u>					<u>t ivicultur i</u>		8º,_		<u>.</u>			Х	C Director			10% Ov	vner
(Last)	(F	irst)	(Middle)		3. Date 08/15/	of Earliest Trans	saction (	Mont	h/D	ay/Year)			<b>)</b>	below)	give title		Other (s below)	specify
664 CRI	JISER LAN	νE													Presiden	t and C	JEO	
(Street)					4. If Am	endment, Date (	of Origin	al File	ed (	(Month/Day	y/Yea	ar)	6. In Line)	dividual or Jo )	pint/Group	Filing (	Check App	licable
BELGR	ADE M	ſT	59714										2	Form fil	ed by One	e Report	ting Persor	1
														Form fil Person	ed by Mor	e than C	One Repor	ting
(City)	(5	State)	(Zip)		Rule	10b5-1(c)	Tran	sad	cti	on Indie	cat	ion						
					Che the	eck this box to ind affirmative defens	icate that se conditi	a trar ons of	nsac f Ru	ction was ma le 10b5-1(c)	ade p ). See	ursuant to Instructio	o a contrac on 10.	ct, instruction	or written p	lan that is	s intended t	o satisfy
		Та	ble I - Noi	n-Deriv	vative S	ecurities Ac	quire	d, D	isp	osed of	f, oı	r Bene	ficially	v Owned				
1. Title of s	Security (Ins	tr. 3)		2. Trans Date (Month	saction /Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	Cod	sacti e (Ins		4. Securiti Disposed				5. Amour Securitie Beneficia Owned F Reported	s Ily ollowing	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Cod	e V		Amount		(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(1150.4)
Common	Stock			08/1	5/2023		A			174,216	5 <sup>(1)</sup>	Α	\$ <mark>0</mark>	1,680	,800 <sup>(2)</sup>	]	D	
						curities Acq IIs, warrants								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	ransaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirat (Month	ion D	ate	r)	of So Und Deriv	tle and A ecurities erlying vative Se tr. 3 and 4	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e ( s   dly   g (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

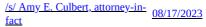
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (right to buy)	\$1.2	08/15/2023	Α		203,252		(3)	08/15/2033	Common Stock	203,252	\$0	203,252	D	

## Explanation of Responses:

1. These shares will vest and be issued with respect to 43,554 shares on each of August 15, 2024, August 15, 2025, August 15, 2026 and August 15, 2027 pursuant to a restricted stock unit granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan, conditioned upon the Reporting Person remaining an employee of Xtant through the vesting date.

2. Includes 174,216 shares to be issued upon vesting pursuant to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan and 866,048 shares to be issued upon vesting pursuant to restricted stock awards granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan, as amended from time to time, all conditioned upon the Reporting Person remaining an employee of Xtant through the vesting dates.

3. This option vests with respect to 50,813 shares on August 15, 2024 and with respect to the remaining 75% of such shares over the three-year period thereafter in 12 as nearly equal as possible quarterly installments, conditioned upon the Reporting Person remaining an employee of Xtant through the vesting 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 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.