FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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l	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* TIMKO ERIC BERNARD						2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 1045 BROWN ROAD SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 07/05/2016								er (give title w)		Other (s below)	pecify
(Street) WAYZATA MN 55391 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - Nor	n-Deriv	/ativ	e Se	curities	s Ac	quired, Di	sposed c	of, or Be	neficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Day/Year) i		2A. Deemed Execution Date if any (Month/Day/Yea		r, Transaction Disposed Code (Instr. 5)		rities Acquired (A) o		nd Secur Benef Owne	cially I Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V	Amount	(A) or (D)		Trans	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)
		-							uired, Dis , options,					I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	Code (I				6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		e s Illy	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					
Stock Option	\$1.99	07/05/2016			A		29,700		07/05/2017	07/05/2027	Common	29,70) \$0	29,70	0	D	

Explanation of Responses:

/s/ Eric B. Timko

07/05/2016

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).