## SEC Form 4

### FORM 4

UNIT

ED STATES SECURITIES AND EXCHANGE COMMISSION
Markington D.O. 00540

Washington, D.C. 20549

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
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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> Brandt Kevin D			2. Issuer Name <b>and</b> Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]		ationship of Reporting P k all applicable) Director	10% Owner	
(Last) 664 CRUISER	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/17/2023	X	Officer (give title below) Chief Commerc	Other (specify below) ial Officer	
(Street) BELGRADE	MT	59714	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication			an that is intended to	

#### 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.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	11/17/2023		Р		41,670	A	\$1.196 <sup>(1)</sup>	815,860 <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)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	vative rities hired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of		Amount of Derivative Security (Instr. 5) Derivative Security (		Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.18 to \$1.228, inclusive. The reporting person undertakes to provide to Xtant Medical Holdings, Inc., any security holder of Xtant Medical Holdings, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote (1) to this Form 4.

2. Includes 120,499 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 412,411 shares to be issued upon vesting pursuant to restricted stock unit awards granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan, as amended, all conditioned upon the Reporting Person remaining an employee of Xtant through the vesting dates.

/s/ Amy E. Culbert, attorney-	11/17/2023
<u>in-fact</u>	11/1//2023

\*\* 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.

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