П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subje	oct to
Section 16. Form 4 or Form 5	,01 10
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 APPRO	OMB APPROVAL OMB Number: 3235-0287 Estimated average burden					
OMB Number:	3235-0287					
Estimated average burd	len					
hours per response:	0.5					

	hours per response:	0.5
<u>. </u>		
Relationshin of Re	norting Person(s) to Issuer	

1. Name and Address of Reporting Person [®] BAKEWELL JOHN K			Xtant Medical Holdings, Inc. [XTNT]		all applicable)			
				X	Director	10% Owner		
(Last) 664 CRUIS	(First) SER LANE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/24/2019		Officer (give title below)	Other (specify below)		
			4. If Amendment, Date of Original Filed (Month/Day/Year)	ing (Check Applicable				
(Street)				Line)	Form filed by One Re	porting Person		
BE	MT	59714			Form filed by More than One Reporting			
(City)	(State)	(Zip)			Person			
		Table I Non D	ariustive Securities Acquired Dispaced of ar Bon	ficially	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.					Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common Stock, \$0.000001 par value	09/24/2019		Α		5,555 ⁽¹⁾	Α	\$ <mark>0</mark>	31,597 ⁽²⁾	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)	Transaction O Code (Instr. D 8) A (/ D ((I		tion Date, Trans Code		of Deriv Secu Acqu (A) or Dispo of (D)	verivative (Month/Day/Year) iecurities cquired A) or visposed f (D) nstr. 3, 4		7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	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					

Explanation of Responses:

1. These shares are subject to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan and will vest and become issuable on February 15, 2020, conditioned upon the reporting person remaining a director of Xtant through the vesting date.

2. Includes 5,555 shares to be issued upon vesting pursuant to restricted stock unit award granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan, conditioned upon the reporting person remaining a director of Xtant through the vesting date, and 13,021 shares issued as part of a restricted stock award granted under the Amended and Restated Xtant Equity Incentive Plan, which shares are subject to forfeiture until vested.

> /s/ Amy Culbert, attorney-infact

1_

09/25/2019

** 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.