FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| | | | | | | 16(a) of the Securities Exchange A f the Investment Company Act of 1 | | | | | | |
|---|------------------------|----------------|----------|---|--|--|----------|--|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>Hemmelgarn Kenneth J. Jr.</u> | | | | Date of Event equiring Statem Month/Day/Year 7/31/2015 | | 3. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [BONE] | | | | | | |
| (Last) 9485 GULF | (First) SHORE DRIVE | (Middle) DRIVE | | | | Relationship of Reporting Pers (Check all applicable) Director X | ., | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| B-201 | | | _ | | | Officer (give title Other (specify below) | | ecify | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | |
| (Street) NAPLES | FL | 34108 | | | | | | | X Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | | Tá | able I - Non | -Deriva | tive Securities Beneficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Common Stock | | | | | 1,272,796(1) | I | | By tr | trust ⁽²⁾ | | | |
| | | | (e.g | | | re Securities Beneficially ants, options, convertible | | es) | | | | |
| | | | | ate | d 3. Title and Amount of Secur Underlying Derivative Securi | | | | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | | Expiration | on Title | or Number of | | | | | | |
| | ddress of Reporting | • | | LACICISABIC | Date | Title | Silares | <u> </u> | | | | |
| (Last) 9485 GULF B-201 | (First) SHORE DRIVE | , | /liddle) | | | | | | | | | |
| D-201 | | | | | | | | | | | | |
| (Street) NAPLES | FL | 34 | 4108 | | | | | | | | | |
| | | | | | 1 | | | | | | | |

B-201

9485 GULFSHORE DRIVE

(Last)

(City)

(Street)

(City)

NAPLES FL

(Zip)

(Middle)

34108

(Zip)

(State)

(First)

(State)

Kenneth J. Hemmelgarn, Jr. Revocable Living Trust dated February 9, 1998, as amended

1. Name and Address of Reporting Person*

- 1. The shares are currently held in escrow and subject to forfeiture to satisfy claims arising under the Stock Purchase Agreement dated July 27, 2015 whereby Xtant Medical Holdings, Inc. (formerly known as Bacterin International Holdings, Inc.) acquired all of the capital stock of X-spine Systems, Inc.
- 2. The shares are held by the Kenneth J. Hemmelgarn, Jr. Revocable Living Trust dated February 9, 1998, as amended, which may be revoked by Mr. Hemmelgarn and of which Mr. Hemmelgarn is a beneficiary and the sole trustee.

Remarks:

Jr. Revocable Living Trust dated February 9, 1998, as amended

** 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.