FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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	Check this box in no longer subject	OTALEMENT OF STIANOES IN BEITE ISIAE STIM
\Box	to Section 16. Form 4 or Form 5	
\cup	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* Brandt Kevin D					2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]									ck all app Direc	ationship of Reporti k all applicable) Director		10% O	wner	
(Last)	(Fi JISER LAN	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/03/2024)	belov	er (give title v) nief Comm	nercia	Other (below) al Officer	specify		
(Street) BELGRADE MT 59714					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. In Line	Form	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution Date,		Date,			es Acquired (A) Of (D) (Instr. 3, 4			Securi Benefi Owned	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A (D) or	Price	Transa	ported ansaction(s) str. 3 and 4)			(Instr. 4)
Common Stock 04/03/2					2024		A		184,209	(1) A		\$ <mark>0</mark>	1,000,069(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)	if any	emed ion Date, a/Day/Year)	Code (8)	Transaction Code (Instr. B) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date		7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) Amou or Numb of Title Share		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. These shares will vest and be issued with respect to 46,052 shares on each of April 3, 2025, April 3, 2026, and April 3, 2027 and with respect to 46,053 shares on April 3, 2028 pursuant to a restricted stock unit award 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 an aggregate of 304,708 shares issuable upon vesting and settlement of restricted stock unit awards or deferred stock unit awards granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan and 412,411 shares issuable upon vesting and settlement of restricted stock unit awards granted under the Xtant Medical Holdings, Inc. Amended and Restated 2018 Equity Incentive Plan, in each case conditioned upon the Reporting Person remaining an employee of Xtant through the applicable vesting dates

/s/ Amy E. Culbert, attorneyin-fact

04/05/2024

** 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.