FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* JENSEN GREG						2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]								(Che	ck all applica	able)	g Person(s) to Is		
(Last) (First) (Middle) 664 CRUISER LANE				3. Date of Earliest Transaction (Month/Day/Year) 08/15/2020								X	below)	Officer (give title below) VP, Finance		below)	peony		
(Street) BELGRA		IT tate)	59714 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)	Form fil	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transar Date (Month/D						Execution Date,		Date,	Transaction Dispo		4. Securi	ties Acqu I Of (D) (I	ired (nstr. 3	A) or 3, 4 and 5	5. Amoun Securities Beneficia Owned Fo	Form (D) o ollowing (I) (In		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	t (A) or (D)		Price	Transacti (Instr. 3 a				
Common Stock, \$0.000001 par value 08				08/15	8/15/2020				A		95,183	5,183 ⁽¹⁾ A		\$0	129,081(2)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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/Ye	Co	e, Transac Code (In		Derivativ Securitie Acquired or Dispos	rivative curities quired (A) Disposed (D) (Instr.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	i S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)		Date Exercisab		Expiration Date	Title	or Nu	mount umber Shares		(Instr. 4)	un(s)		
Stock Option (right to buy)	\$1.13	08/15/2020		1	A		119,942		(3)	O	8/15/2030	Commo Stock	n 11	19,942	\$0	119,94	12	D	

Explanation of Responses:

- 1. These shares will vest and be issued with respect to 23,796 shares on each of August 15, 2021, August 15, 2022 and August 15, 2023 and with respect to 23,795 shares on August 15, 2024 pursuant to a restricted stock unit granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan.
- 2. Includes 120,607 shares that will be issued over time subject to vesting pursuant to restricted stock units granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan.
- 3. This option vests with respect to 29,986 shares on August 15, 2021 and with respect to the remaining 75% of such shares over the three-year period thereafter in 12 as nearly equal as possible quarterly installments., subject to such Reporting Person's continued employment with Xtant Medical Holdings, Inc.

/s/ Amy Culbert, attorney-in-08/18/2020 fact

** 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.