FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
wasinigton,	D.C.	20040

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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* Peters Jeffrey J				2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				1							-			X C	Director		10% C)wner	
(Last) (First) (Middle) 664 CRUISER LANE					3. Date of Earliest Transaction (Month/Day/Year) 09/24/2019											Officer (give title elow)		Other below)	(specify
(Street)					4. If An	nendm	nent, Da	ate of	Original	Filed	(Month/Da	ay/Yea	ar)	6. Lir	ie)	al or Joint/Grou			``
BELGRA	ADE M	T 5	59714												F	Form filed by Or Form filed by Mo Person		•	
(City)	(Si	ate) (Zip)																
		Tabl	e I - Nor	n-Deriva	ative S	ecur	ities	Acq	uired,	Dis	posed o	f, or	Bene	eficia	lly Ov	vned			
Dat			Date	e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 5)		ties Ad I Of (D	cquired) (Instr.	(A) or 3, 4 an	d Se Be Ov	Amount of curities neficially vned Following ported	6. Owne Form: D (D) or In (I) (Instr.	irect direct	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Tra	ansaction(s) str. 3 and 4)			(Instr. 4)
Common Stock, \$0.000001 par value			09/24	24/2019				A		5,555(1)		A	\$0		31,597(2)				
		Та	ıble II - D								sed of, onvertib				Own	ed			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date ity or Exercise (Month/Day/Year) if any		Date,	4. Transactio Code (Insi			ed (idea)	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration		e ar)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		str. 3	8. Price Derivati Security (Instr. 5	ve derivative Securities	Own Forn Dire or In (I) (II	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

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 Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan, which shares are subject to forfeiture until vested.

/s/ Amy Culbert, attorney-infact 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.