Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	. 05							

Name and Address of Reporting Person*     Peters Jeffrey J			2. Issuer Name <b>and</b> Ticker or Trading Symbol  Xtant Medical Holdings, Inc. [XTNT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
1 eters serifey	<u>/ J</u>								_	X	Director	10% (	Owner
(Last) 664 CRUISER I	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2021				Officer (give title below)	Other below	(specify )			
,				4. If Aı	mendment, Date of	Origina	l Filed	I (Month/Day/Y	′ear)		vidual or Joint/Grou	p Filing (Check	Applicable
(Street) BELGRADE	MT	59714					Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, \$0.000001 par value 08/15/2			2021		A		85,337(1)	A	\$0	233,131 <sup>(2)</sup>	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

## **Explanation of Responses:**

Conversion

or Exercise Price of

Derivative

Security

1. Title of

Derivative

Security (Instr. 3)

1. These shares are subject to restricted stock unit awards granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan, as amended, and vest and become issuable on August 15, 2022, conditioned upon the reporting person remaining a director of Xtant through the vesting date.

Date

Exercisable

5. Number

Derivative

Securities Acquired

Disposed

of (D) (Instr. 3, 4

(A) or

and 5)

(A) (D)

Transaction

Code (Instr.

ν Code

8)

2. Includes 143,436 shares to be issued upon vesting pursuant to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. 2018 Equity Incentive Plan, as amended, conditioned upon the reporting person remaining a director of Xtant through the vesting date.

/s/ Amy Culbert, attorney-in-

7. Title and

Amount of

Securities

Underlying

Security (Instr. 3 and 4)

Amount Number

Shares

Derivative

Title

8. Price of

Derivative

Security (Instr. 5)

9. Number of

derivative

Securities

Following

Reported

Transaction(s) (Instr. 4)

Owned

Beneficially

11. Nature

of Indirect

Beneficial

Ownership (Instr. 4)

Ownership

Form: Direct (D)

or Indirect

(I) (Instr. 4)

08/17/2021

**fact** 

Expiration

Date

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

3A. Deemed

Execution Date.

if any (Month/Day/Year)

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

3. Transaction

(Month/Day/Year)

Date

\*\* 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.