SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPR	JAVC
OMB Number:	3235-0287
Estimated average bur	den
hours per response:	0.5

1. Name and Address of Reporting Person <sup>*</sup> McNamara Robert			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Xtant Medical Holdings, Inc.</u> [XTNT]		tionship of Reporting Person(s) to Issuer ( all applicable) Director 10% Owner		
(Last) 664 CRUISER	act) (Eirct) (Middlo)		3. Date of Earliest Transaction (Month/Day/Year) 09/24/2019		Officer (give title below)	Other (specify below)	
(Street)		59714	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Fil Form filed by One Re		
(City)	(State)	(Zip)	-		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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities / Disposed Of ( 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 (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(instit 4)
Common Stock, \$0.000001 par value	09/24/2019		Α		<b>9,027</b> <sup>(1)</sup>	Α	\$ <mark>0</mark>	<b>29,860</b> <sup>(2)</sup>	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Expirati		6. Date Exerc Expiration Da (Month/Day/Y	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 9,027 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 10,417 shares issued as part of a restricted stock award granted under the Amended and Restated Xtant Equity Incentive Plan, which shares are subject to forfeiture until vested.

<u>/s/ Amy Culbert, attorney-in-</u> fact 09

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.