FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
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**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*  Neils Scott C					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								Direc	tor	10% O	wner	
4.0					3. Dat	Date of Earliest Transaction (Month/Day/Year)							Office below	er (give title v)	Other ( below)	specify	
(Last) (First) (Middle) 664 CRUISER LANE				08/15/2024								Chief Financial Officer					
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
BELGRADE MT 59714				1								Form filed by One Reporting Person					
(City)	(St	ate) (Z	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. Transact Date (Month/Day)				Execution (Year) if any		ution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)		(Instr. 4)	
Common Stock 08/15/2				2024			F <sup>(1)</sup>		34,132(1)	D	<b>\$0</b> .	6 630	),291(2)	D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative	Derivative Conversion Date Execution D			4. Transaction		5. Number of	Expirat	ion Da			of	8. Price of Derivative	9. Number derivative	of 10. Ownership	11. Nature of Indirect		

## **Explanation of Responses:**

Price of

Security

Derivative

(Instr. 3)

1. These shares were withheld by the Issuer to pay tax withholding obligations upon vesting and settlement of restricted stock unit awards.

Code

2. Includes an aggregate of 264,659 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 189,972 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 respective vesting dates

Exercisable

Securities

Acquired

(A) or Disposed of (D) (Instr. 3, 4 and 5)

(D)

(A)

/s/ Amy E. Culbert, attorney-08/19/2024 in-fact

Underlying

Security (Instr. 3 and 4)

Amount Numbe

of Shares

Derivative

Title

Expiration

Date

(Instr. 5)

Beneficially

Owned

Following Reported Transaction(s) (Instr. 4)

Direct (D)

or Indirect (I) (Instr. 4)

(Instr. 4)

\*\* Signature of Reporting Person

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

(Month/Day/Year)

- \* 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.