SEC Form 4	

Instruction 1(b)

1

FORM 4

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

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

OMB APPROVAL

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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

intended to satis defense conditio 1(c). See Instruc						
1. Name and Addre Brandt Kevir	ss of Reporting Personna D	on [*]	2. Issuer Name and Ticker or Trading Symbol <u>Xtant Medical Holdings</u> , Inc. [XTNT]	(Check	tionship of Reporting Perso all applicable) Director Officer (give title	on(s) to Issuer 10% Owner Other (specify
(Last) 664 CRUISER I	(First) LANE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024	V		below)
(Street) BELGRADE (City)	MT (State)	59714 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing Form filed by One Repor Form filed by More than Person	ting 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 A Disposed Of (5)			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	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	08/15/2024		F ⁽¹⁾		56,333(1)	D	\$0.6	943,736 ⁽²⁾	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)	Transaction Code (Instr. 8)		Transaction Code (Instr.		Transaction Code (Instr.		Transaction Code (Instr. 8)		5. Number of 6. Date Exercisable and Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4			Expiration Date		Expiration Date Amou (Month/Day/Year) Secur Unde Deriv: Secur			and 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) (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 were withheld by the Issuer to pay tax withholding obligations upon vesting and settlement of restricted stock unit awards.

2. Includes an aggregate of 274,584 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 245,568 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.

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

** 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.