FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

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

Name and Address of Reporting Person* <u>Vizirgianakis Stavros G.</u>					2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]									(Che	eck all app	ationship of Reportin all applicable) Director		erson(s) to Is	
(Last) 664 CRU	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/25/2022									Office below	cer (give title ow)		Other (below)	specify
(Street) BELGRA		ate) (Z	9714 Zip)	n-Deriya		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/G Line) X Form filed by Person tive Securities Acquired, Disposed of, or Beneficially Owned							filed by One filed by Mo	e Rep	porting Pers	on			
			1 - 140			_			· ·	DIS		-			-				
Date			2. Transac Date (Month/Da	Exec ay/Year) if an		A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed C					Benefic	ies cially Following	Forr (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(
Common Stock, \$0.000001 par value 08			08/25/2	2022			A		70,776(1) A		\$0	3,585,855(2)(3)			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)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4) Amou or Numb of Title Share:		str.	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. These shares are subject to restricted stock unit awards granted under the Xtant Medical Holdings, Inc. Amended and Restated 2018 Equity Incentive Plan, and vest and become issuable on August 15, 2023, conditioned upon the Reporting Person remaining a director of Xtant through the vesting date.
- 2. Includes 70,776 shares to be issued upon vesting pursuant to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. Amended and Restated 2018 Equity Incentive Plan, conditioned upon the reporting person remaining a director of Xtant through the vesting date.
- 3. Includes 3,515,079 shares issued in connection with the first closing of the private placement (the "Private Placement") pursuant to the securities purchase agreement by and among Xtant Medical Holdings, Inc. and several accredited investors. Does not include 2,264,861 shares to be issued in connection with the second closing of the Private Placement, which will be issued subject to the satisfaction of certain closing conditions

/s/ Amy Culbert, attorney-in-

08/26/2022

Date

** Signature of Reporting Person

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.