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.	$D \subset$	20540	
wasnington.	D.C.	20049	

STATEMENT	OF	CHANGES	IN E	BENEFICIAL	OWNERSHIP
OIAILMLIII	O.	CHANCE		CITE! IOIAL	OWNER

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 APPROVAL							
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Check this box to indicate that a transaction was made pursuant to
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defence conditions of Pule 10h5

Instruction 1(b)

	ee Instructior				1									1.					
Name and Address of Reporting Person* Viging in policy Stayrog C				2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT] 5. Relationship of Reporting Pers (Check all applicable)										son(s) to Is	ssuer				
<u>Vizirgianakis Stavros G.</u>					Ztant Fredient Holdings, me. [ATM1]									[8	Direc	tor		10% O	wner
(Last) (First) (Middle) 664 CRUISER LANE					3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024										Office below	er (give title v)		Other (specify
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Street) BELGRA	ADE N	M T :	59714											Line) Form filed by One Reporting Person Form filed by More than One Reporting					
,															Perso		ie iliali	i One Rep	orung
(City)	(;	State)	(Zip)																
		Table	e I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or	Bene	ficia	ly Own	ed			
Date		2. Transac Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5) 5)		s Acquired (A) o of (D) (Instr. 3, 4 a		A) or B, 4 and	or 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 O)	Price	Transa	ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 08/15				08/15/2	2024		Α		243,243 ⁽¹⁾ A		Α	\$0	\$0 6,456,368(2)			D			
Common Stock 08/15/2				2024		A		505,405((1) A		\$0	6,961,773(2)			D				
		Та	ble II -								osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year)		ion Date,	4. Transa Code (I 8)					ion Da	te	7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4)		estr.	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		

Explanation of Responses:

1. These shares are subject to a deferred stock unit award granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan, and vest on August 15, 2025, conditioned upon the Reporting Person remaining a director of Xtant through the respective vesting date.

(A) (D) Exercisable Date

2. Includes 966,418 shares issuable upon settlement of deferred stock units granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan, conditioned upon the Reporting Person remaining a director of Xtant through the respective vesting dates.

> /s/ Amy E. Culbert, attorneyin-fact

Title Shares

08/19/2024

** 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.