SEC Fo	orm 4

Instruction 1(b)

## FURM 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERS

OMB APPROVAL

HIP	OMB Number:	3235-0287
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	hours per response:	0.5

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 satisfy the affin defense conditions of Rule 1(c). See Instruction 10.			
1. Name and Address of Rep BAKEWELL JOH	0	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Xtant Medical Holdings</u> , Inc. [XTNT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(Last) (First) 664 CRUISER LANE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024	Officer (give title Other (specify below) below)
(Street) BELGRADE MT (City) (State)	59714 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>

## 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)	3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following		Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	08/15/2024		A		162,162 <sup>(1)</sup>	A	\$ <mark>0</mark>	755,888 <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 Deriv Secu Acqu (A) o Dispo of (D (Instr	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Amount of		Amount of Securities Security (Instr. 5) 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 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 vesting date

2. Includes 307,342 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, attorney-08/19/2024

in-fact

\*\* 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.