FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Coleman Glenn</u>				IN	2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify					
(Last) 311 ENT	`	(First) (Middle) SE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/23/2017									A bel	ow) `	below)	
(Street) PLAINSE			08536 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	e I - Noi	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, or I	Bene	ficia	lly Owr	ned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5)					d Secu Bend Own	nount of Irities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	t (A) or (D)		Price	Tran	saction(s) r. 3 and 4)		(Instr. 4)		
Common Stock 03/23/				3/2017	2017		F		394		D	\$42.	35	39,915	D				
Common Stock 03/23/				3/2017	2017			F		984		D	\$42.	35	38,931	D			
		Ta									sed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transac					6. Date E Expiratio (Month/D	n Date	е	Amount of			8. Price of Derivative Security (Instr. 5)	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

Remarks:

/s/ Richard D. Gorelick; Attorney-in-Fact 03/27/2017

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).