FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPE	ROVAL							
	OMB Number:	3235-0287							
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l	hours per response:	0.5							

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 an REUVI	IN	2. Issuer Name <b>and</b> Ticker or Trading Symbol  INTEGRA LIFESCIENCES HOLDINGS  CORP [ IART ]										all app Direct Offic	blicable) ctor er (give title	ng Per	g Person(s) to Issuer 10% Owner Other (specify						
(Last) 311 C EN	st) (First) (Middle)  L C ENTERPRISE DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015									ow) orp VP, Pres.		below) International		
(Street) PLAINSBORO NJ 08536 (City) (State) (Zip)							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	le I - Nor	n-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally (	Owne	ed				
1. Title of S	2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	() (I	A) or O)	Price	Trai		ransaction(s) nstr. 3 and 4)			(11341.4)		
Common	ommon Stock 02/17/2015								A		483(1	1) A \$		\$ <mark>0</mark> .	00	8,006			D		
Common	Stock	ock 02/17/2015 A 657 <sup>(2)</sup> A \$0.00 8,663 I								D											
		Ta	able II - I )								sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form: Direct (D)	Beneficial Ownership (Instr. 4)	
	Code		Code	v	(A)	(D)	Date Exercisa	Date Expira Exercisable Date		Title	Amo or Nun of Sha	nber									

## **Explanation of Responses:**

- 1. On February 17, 2015, the Compensation Committee certified that the Company achieved its performance goal for fiscal year 2014, at least a 3% increase in annual revenue over the prior fiscal year, under the March 25, 2013 Performance Stock Award. Accordingly, 33% of the shares will vest on March 25, 2015, the second anniversary of the grant date.
- 2. On February 17, 2015, the Compensation Committee certified that the Company achieved its performance goal for fiscal year 2014, at least a 3% increase in annual revenue over the prior fiscal year, under the March 24, 2014 Performance Stock Award. Accordingly, 33% of the shares will vest on March 24, 2015, the first anniversary of the grant date.

## Remarks:

/s/ Richard D. Gorelick; Attorney-in-Fact

02/19/2015

\*\* 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.