FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|------------------|

| OMB APPROVAL | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
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| 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

| Name and Address of Reporting Person* ESSIG STUART | | | | | IN | 2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|--|--|--------------|---|--|------------------|------------------|------------------------------|---------|--------------------|--------------------------------|---|---------------------------|---|--|--|------------------------------------|---|--|
| (Last) 311 C EN | (Fi | , | Middle) | | 3. D | CORP [IART] 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2007 | | | | | | | | | X | | er (give title w) | Other (specify below) | | (specify |
| (Street) PLAINSI (City) | | | 08536 Zip) | | 4. If | Ame | ndment | , Date o | of Origir | al File | d (Month/D | ay/Ye | ear) | | 6. Indi Line) X | Forn | r Joint/Group n filed by One n filed by Mor on | e Report | ing Pers | on |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | | ed (A) tr. 3, 4 | 4 and Secu Bene Own | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 05/23/3 | | | | /2007 | 2007 | | S ⁽¹⁾ | | 5,000 |) | D | \$5 | 0.18 | 7. | 55,063 | I |) | | | |
| Common Stock 05/24/2 | | | | /2007 | 2007 | | S ⁽¹⁾ | | 5,000 | 0 | D | \$5 | 0.15 | 750,063 | | D | | | | |
| Common Stock 05/24/2 | | | | | /2007 | 2007 | | S ⁽¹⁾ | | 6,900 | | D | \$ | 50.2 7 | | 743,163 | |) | | |
| | 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. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. B) | | n of | | 6. Date Expirat (Month | ion Da | | Am Sec Und Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | Deri Sec (Ins | Price of crivative curity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ow For Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Titl | OI N | umbei | | | | | | |

Explanation of Responses:

1. The sales reported on this Form 4 were pursuant to a Rule 10b5-1 plan adopted by the Reporting Person on December 4, 2006.

/s/ Jeffrey Hellman, Attorney-05/25/2007 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.