FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Name and Address of Poperting Po | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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

| 1. Name and Address of Reporting Person* ESSIG STUART | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART] | | | | | | | | | (Check all ap Dire | | plicable) ctor cer (give title | | Person(s) to Issuer 10% Owner Other (specify | | |
|--|---|--|------------------|-------------|---|---|--|--|------------------|-------------------|--|---|------------------------|------------------------------------|----------------------------------|---|--|---|--|--|--|
| (Last) (First) (Middle) 311 C ENTERPRISE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/30/2007 | | | | | | | | | | below) below) President and CEO | | | | | | |
| (Street) PLAINSBORO NJ 08536 (City) (State) (Zip) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| | | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | action (Instr. | 4. Securities Acquire Disposed Of (D) (Inst 5) | | Acquired D) (Instr. | (A) or . 3, 4 and | | 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 (D) | Price | е | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common S | 05/30/2007 | | | | | S ⁽¹⁾ | | 5,000 | | D | \$ | 50 | 738,163 | | | D | | | | | |
| Common S | 05/30/2007 | | | | | S ⁽¹⁾ | | 5,000 | | D | \$50 | \$50.05 | | 733,163 | | D | | | | | |
| Common S | 05/31/2007 | | | | | S ⁽¹⁾ | | 5,000 | | D | \$50.07 | | 728,163 | | D | | | | | | |
| Common S | Stock | | | 05/31 | L/2007 | | | | S ⁽¹⁾ | | 5,000 | | D | \$5 | 0.1 | 7: | 23,163 | | D | | |
| | | Та | able II - I) | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | ution Date, | | iction Instr. | Of Deriv Secu Acqu (A) of Dispo of (D) (Instr | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | on Date | ar) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | O Fe D oi (I) | 0. Ownership orm: Direct (D) Ir Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Nui of | mber ares | | | | | | | |

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/ Carla Marcinko, Attorney-

in-Fact

** Signature of Reporting Person Date

05/31/2007

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.