FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OM	IB APPRO	VAL	
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3235-0287 OMB Number: Estimated average burden 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 and Address of Reporting Person* OGRADY JUDITH					2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]									heck al	l applicable Director)	10% C	
(Last) (First) (Middle) 311 C ENTERPRISE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 04/21/2006										pelow)		below	
				4. If	Ame	ndment,	Date o	f Original	Filed	(Month/Da	ay/Yea	r)		ne) <mark>X</mark>	Form filed b	y One I	Reporting Pers	on
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			ay/Year) Execution Date, if any		Transaction Disposed Of (D) Code (Instr. 5)					nd Se Be	ecurities eneficially wned Follow	F	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									v	Amount	(,	A) or D)	Price	Tr	ansaction(s			(Instr. 4)
Stock			04/21	/2006	5			S ⁽¹⁾		3,000)	D	\$4	2	18,700		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	Derivat Securit	tive ty Securities Seneficial Owned Following Reported	tive ties cially I ring ted action(s	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa			Title	or Nun of	nber					
	(Stock 2. Conversion or Exercise Price of Derivative Security	(First) (First) (TERPRISE DRIVE) BORO NJ (State) (Table Security (Instr. 3) Stock Table Security (Instr. 3) Stock 2. (Conversion or Exercise Price of Derivative Security (Month/Day/Year)	(First) (Middle) NTERPRISE DRIVE BORO NJ 08536 (State) (Zip) Table I - Non Security (Instr. 3) Stock Table II - D (E 2. Conversion or Exercise Price of Derivative Security Security Security Table II - D (E	(First) (Middle) NTERPRISE DRIVE BORO NJ 08536 (State) (Zip) Table I - Non-Derivation Date (Month/L) Stock Table II - Derivati (e.g., put (e.g., put (Month/Day/Year)) 2. Transaction Date (Month/Day/Year) One Security (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	(First) (Middle) NTERPRISE DRIVE BORO NJ 08536 (State) (Zip) Table I - Non-Derivative (Month/Day/Ye Security (Instr. 3) 2. Transaction Date (Month/Day/Ye Conversion or Exercise Price of Derivative Security 2. (Month/Day/Year) 2. (Month/Day/Year) Show the privative Security A. (Month/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code (State) (Zip) Code (Month/Day/Year)	(First) (Middle) NTERPRISE DRIVE BORO NJ 08536 (State) (Zip) Table I - Non-Derivative Security (Instr. 3) Stock Table II - Derivative Secure. (Month/Day/Year) Table II - Derivative Secure. (e.g., puts, calls of Execution Date (Month/Day/Year) Or Exercise Price of Derivative Security Security Code (Instr. 8)	(First) (Middle) NTERPRISE DRIVE BORO NJ 08536 (State) (Zip) Table I - Non-Derivative Securities (Month/Day/Year) Security (Instr. 3) Table II - Derivative Securities (e.g., puts, calls, warr (Month/Day/Year) 2. Transaction Date (e.g., puts, calls, warr (Month/Day/Year) 2. Table II - Derivative Securities (e.g., puts, calls, warr (Month/Day/Year) 3. Transaction Date (month/Day/Year) 3. Transaction Date (e.g., puts, calls, warr (Month/Day/Year) 3. Transaction Date (month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Transaction Code (Instr. Security Security (Month/Day/Year) 5. Nu Transaction Date (Month/Day/Year) 6. Code (Instr. Security (Month/Day/Year) 7. Code (Instr. Security (Month/Day/Year)	Stock Stoc	INTEGRA LIFESCIEN CORP [IART] 3. Date of Earliest Transaction (M 04/21/2006 4. If Amendment, Date of Original Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (e.g., puts, calls, warrants, option Code (Instr. 8) (Month/Day/Year) (Month/Day/Year)	Code V Code V (A) (D) (Code V (A) (Code V	Integral LifeSciences Hold CORP Lart	INTEGRA LIFESCIENCES HOLDIN CORP [IART]	INTEGRA LIFESCIENCES HOLDINGS CORP [IART]	INTEGRA LIFESCIENCES HOLDINGS CORP [IART] S. Date of Earliest Transaction (Month/Day/Year) Month/Day/Year) Month/Day/Year Code V Month/Day/Year Month/Day/Ye	INTEGRA LIFESCIENCES HOLDINGS CORP [IART] 3. Date of Earliest Transaction (Month/Day/Year) 04/21/2006 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Line) X 1. 1. 1. 1. 1. 1. 1.	INTEGRA LIFESCIENCES HOLDINGS Check all applicable Check all applicable Core LART Stock Code V Amount Code Code V Code Code	Check all applicables Director Code IART Code V IART Code V IARD Code IART Code V IARD Code IARD Cod	Integral Lipesce Core Lart Stock Core Lart Stock Core Lart Stock Core Lart Stock Core Lart Core Lart Core Core

1. The sale reported on this Form 4 was pursuant to a Rule 10b5-1 plan adopted by the Reporting Person on December 1, 2005.

/s/ Jeffrey Hellman, Attorneyin-Fact

04/25/2006

** 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.