FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL				
OMB Number:	3235-0287				
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	Check this box if no longer subject to
)	Section 16. Form 4 or Form 5
J	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* Evoli Lisa						2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]									heck all ap Dire		10	to Issuer % Owner ner (specify	
(Last) (First) (Middle) 311 C ENTERPRISE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018									^ belo		be	ow)	
(Street) PLAINSI (City)			08536 Zip)		4. If	Ame	ndment,	Date o	f Original	Filed	(Month/Da	ay/Year)	6. Lir	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Code (Instr. 5)					d Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect ct Beneficial Ownership		
									Code	v	Amount	(A (D) or)	Price	Trans	action(s) 3 and 4)		(Instr. 4)	
Common	Stock			02/01	/2018				F		262	52 D \$		\$ 5 3.	41	4,665	D		
		Ta	able II - I								sed of, onvertib				Owned				
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/Da	Date,	Date, Transaction Code (Inst				6. Date E. Expiratio (Month/D	n Date	Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shai	ber					

Explanation of Responses:

Remarks:

Richard D. Gorelick; Attorneyin-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.