FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

HIP
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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* SCHADE CHRISTIAN S					IN	INTEGRA LIFESCIENCES HOLDINGS CORP [IART] 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2006										ationship of Reportin call applicable) Director Officer (give title below)		10% Ov	ner
(Last) (First) (Middle) MEDAREX 707 STATE ROAD				05/												below) p Filing (Check App		plicable	
(Street) PRINCE (City)		-	08540 (Zip)		_ 4. IT	rAme	enament,	Date	or Origina	ai Filed	(Month/D	ay/Year)		o. Indi Line) X	Form f	iled by One iled by Mor	e Rep	g (Check Ap orting Perso n One Repo	n
		Tab	le I - Nor	n-Deriv	/ative	Se	curitie	s Ac	quired	, Dis	posed o	of, or Bo	enefic	ially	Owned	i			
1. Title of Security (Instr. 3) 2. Trans Date (Month)				ar)	2A. Deem Executior if any (Month/Da	Code (Instr. 5)			4 and Securiti Benefic		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	or Pric	e	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock	tock 05/17/2006					A		666	6 A	. ;	\$ <mark>0</mark>	6	666		D			
		1	able II -									, or Ber ble sec			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) /e	3A. Deeme Execution if any (Month/Day	Date, Transa Code (I			of E		Expiration	5. Date Exercisal Expiration Date Month/Day/Year		Amount Securitie Underlyii Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		expiration Date	Title	Amou or Numb of Share	er					
Non- Qualified Stock Option (right to	\$37.53	05/17/2006			A		7,500		11/17/20	06 0	5/17/2012	Common Stock	7,50	0	\$0	7,500		D	

Explanation of Responses:

/s/ Jeffrey Hellman, Attorneyin-Fact

** Signature of Reporting Person

Date

05/18/2006

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.