FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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*  REUVERS DANIEL L.  (Last) (First) (Middle)					3. C	2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [ IART ]  3. Date of Earliest Transaction (Month/Day/Year)									5. Relationship of Reportin (Check all applicable) Director X Officer (give title below) CVP,PRES-SPC SUI			10% ( Other below	Owner (specify )
311 C ENTERPRISE DRIVE  (Street) PLAINSBORO NJ 08536  (City) (State) (Zip)				2 Dorin	4. If	03/23/2017										vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
1. Title of Security (Instr. 3) 2. Tran					Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Tran Code		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			l (A) o	or 5. Amo 4 and Securi Benefi		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					03/23/2017				Code	e V	Amount		(A) or (D)	Pric	e Trans (Instr.		action(s) 3 and 4)	D.	(11341.4)
					3/2017						288	$\dashv$	D D				23,488	D D	
					1/2017				F	+	476	$\dashv$	D	\$42.74		22,724		D	
					1/2017					$\dagger$	476	$\dashv$	D	\$42.74		22,248		D	
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Ta  3. Transaction Date (Month/Day/Year)		e.g., po		action (Instr.	5. N of Deri Sec Acq (A) o Disp of (I	wative urities uired or losed 0)	optio	ns, c Exerci ion Da /Day/Ye		7. Ti Amo Seci Und Deri	tle and punt of urities erlying vative urity (In 4)	ties)	8. Pr	ice of vative urity	9. Number o derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Remarks:

/s/ Richard D. Gorelick; Attorney-in-Fact

03/27/2017

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.