FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** 

OMB Number: Estimated average burden hours per response: 0.5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  LARKIN BRIAN					IN	2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [ IART ]									theck all a Dir V Off	pplicable) ector icer (give title	Other	Owner (specify	
(Last) (First) (Middle) 311 C ENTERPRISE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014									bei	ow) p VP, Pres.(	below Gbl Spine &O	′ I			
(Street) PLAINSBORO NJ 08536  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> Fo Fo	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
		Tab	le I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	illy Owi	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date			n Date,	Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			d Seci Ben Owr	mount of urities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (C	() or ()	Price	Tran	saction(s) r. 3 and 4)		(11150.4)	
Common Stock 07/01/2						2014		F		487		D	\$47.	.63	9,016	D			
		T	able II - I	Derivati (e.g., pu	ive S uts, c	ecu alls	rities , warr	Acqui ants,	ired, D option	ispo s, co	sed of, onvertib	or Be	nefi curit	cially ties)	y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code ( 8)		ı of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Sha						

**Explanation of Responses:** 

Remarks:

/s/ Richard D. Gorelick; 07/02/2014 Attorney-in-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.