FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

gton, D.C. 20549 OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  BRADLEY KEITH    |   |  |   |         |   | 2. Issuer Name and Ticker or Trading Symbol  INTEGRA LIFESCIENCES HOLDINGS  CORP [ IART ] |  |        |  |   |      |                   |  |               |                                      |  | ationship of Report<br>all applicable)<br>Director  |   | 10%  |  | Owner      |  |  |  |
|--|---|--|---|---------|---|---|--|--------|--|---|------|-------------------|--|---------------|--------------------------------------|--|---|---|--|--|------------|--|--|--|
| (Last)   | (Fi   | rst)                                       | (Middle)                                      |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2006                               |  |        |  |   |      |                   |  |               |                                      |  | Officer (give title below)  |   |  | Other (<br>below)  | specify    |  |  |  |
| (Street)   |   |  |   |         |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |        |  |   |      |                   |  |               |                                      |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                         |  |  |            |  |  |  |
| (City) (State) (Zip)                                       |   |  |   |         |   |   |  |        |  |   |      |                   |  |               |                                      |  |   | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |  |            |  |  |  |
|  |   | Tab  | le I - No                                     | n-Deriv | vative                                  | Se  | curit  | ies Ad | cqui   | ired, [   | Disp | osed o            | of, oı   | r Be          | neficia                              | ally   | Owned   | l   |  |  |            |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Da |   |  |   |         | ar)                                     | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                               |  |        | 3. 4. Securit<br>Transaction Disposed<br>Code (Instr. 5) |   |      |                   |  |               | and Securiti<br>Benefic<br>Owned     |  | es<br>ally<br>Following   | Forn<br>(D) o   | n: Direct<br>or Indirect<br>nstr. 4)                                     | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |            |  |  |  |
|  |   |  |   |         |   |   |  |        |  | Code  | v    | Amount            |  | (A) or<br>(D) | Price                                |  | Reported Transaction(s) (Instr. 3 and 4)  |   |  |  | (Instr. 4) |  |  |  |
| Common Stock 02/2  |   |  |   |         | 4/2006                                  | 2006  |  |        |  | M   |      | 5,000             | )  | A             | \$19                                 | .02  | 5,  | ,000  |  | D  |            |  |  |  |
| Common   | Common Stock 02/24/2  |  |   |         |   | 2006  |  |        |  | S <sup>(1)</sup>                                      |      | 5,000             |  | D             | \$40                                 | ).5  |   | 0   |  | D  |            |  |  |  |
|  |   | 7  | able II -                                     |         |   |   |  |        |  |   |      | sed of<br>onverti |  |               |                                      |  | wned  |   |  |  |            |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemd<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transaction<br>Code (Instr.<br>8) |   |  |        | Exp  | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Yea |      |                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |               | Di<br>Si                             | Price of<br>erivative<br>ecurity<br>istr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | is<br>Silly   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |  |  |  |
|  |   |  |   |         | Code                                    | v   | (A)  | (D)    | Dat<br>Exe   | te<br>ercisable                                       |      | xpiration<br>ate  | Title  | tle           | Amoun<br>or<br>Numbe<br>of<br>Shares | r  |   |   |  |  |            |  |  |  |
| Non-<br>Qualified<br>Stock<br>Option<br>(right to          | \$19.02   | 02/24/2006                                 |   |         | М                                       |   |  | 5,000  |  | (2)   | 05   | 5/21/2008         | Com<br>Sto   |               | 5,000                                |  | \$0   | 0   |  | D  |            |  |  |  |

## Explanation of Responses:

buy)

- 1. The sale reported on this Form 4 was pursuant to a Rule 10b5-1 plan adopted by the Reporting Person on June 14, 2005.
- 2. This option fully vested three months after the May 21, 2002 grant date.

/s/ Jeffrey Hellman, Attorney-

\*\* 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.