FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL
OMB Number:	3235-0287
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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).

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* <u>LEONETTI DEBORAH A</u>						2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [ IART ]									heck a	tionship of Reportin all applicable) Director Officer (give title		10%	Issuer Owner er (specify
(Last) 311 C EN	(Fii ITERPRISI	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/24/2014										below	<i>ı</i> )	belo s. Instrume	w) ်
(Street) PLAINSI (City)	BORO NJ		08536 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/GroLine)  X Form filed by N Person									filed by One	e Reporting Po	erson			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	Execution Date,			3. 4. Securit Transaction Disposed Code (Instr. 5)			of, or Benefic ities Acquired (A) d Of (D) (Instr. 3, 4			or 5. Am		unt of	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect
							(Montal/Day/Tea/)		Code	v	Amount	(A (D	) or )	Price	Repor			(1) (1113411 4)	(Instr. 4)
Common Stock 03/24/						2014			A		2,019		A	\$0.0	\$0.00		1,974	D	
Common	Stock		03/25/2014 F 188 D \$45.77 11,786 D																
		Та									sed of, onvertib				/ Owi	ned			
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,		Transaction Code (Instr.		n of		Exercis on Date Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	8. Pric Deriva Securi (Instr.	vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha	nber					

**Explanation of Responses:** 

Remarks:

/s/ Kathryn Lamping; Attorney-in-Fact 03/26/2014

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).