FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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* PALTRIDGE ROBERT D | | | | IN | 2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART] | | | | | | | | | Check al | I appl Direct | hip of Reporting Pe pplicable) ector icer (give title | | erson(s) to Issuer 10% Owner Other (specify | | |
| (Last) (First) (Middle) 311 C ENTERPRISE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/24/2014 | | | | | | | | | | below | | | below) | | |
| Street) PLAINSBORO NJ 08536 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) X | ual 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 | es Ac | quired | , Dis | posed o | f, or | Ben | efici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execu ay/Year) if any | | . Deemed ecution Date, iny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | unt of ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | A) or O) | Price | , т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 03/24/ | | | | | l/2014 | 2014 | | | A | | 2,247 | | A | \$0. | 00 | 35,837 | | D | | |
| Common Stock 03/25/ | | | | /2014 | 2014 | | | F | | 205 | | D | \$45 | .77 | 35,632 | | D | | | |
| | | Ta | | | | | | | | | sed of, onvertib | | | | y Owr | 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/Day | n Date, | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. § | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | (D) irect | Beneficial Ownership (Instr. 4) |
| | Code | | Code | v | (A) | (D) | Date Expiration | | Expiration Date | Title | or | ount nber ıres | | | | | | | | |

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.

 $^{^{\}star}$ 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).