FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235-

WNERSHIP	OMB Number:	3235-0287						
VIII CIIII	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*  SCHADE CHRISTIAN S					IN	2. Issuer Name and Ticker or Trading Symbol  INTEGRA LIFESCIENCES HOLDINGS  CORP [ IART ]									Check all a	utionship of Reportin call applicable) Director Officer (give title below)		g Person(s) to Issuer 10% Owner Other (specify below)	
(Last) 311 C EN	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2012													
(Street) PLAINSI		IJ State)	08536 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							ne) X Fo Fo	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tal	le I - Noi	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally Own	ned			
				2. Transaction Date (Month/Day/Year)		ar)   I	2A. Deemed Execution Date, if any (Month/Day/Year		Code (	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd Secu Bene Own	nount of irities eficially ed Following orted	For (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(,	A) or D)	Price	Tran	saction(s) r. 3 and 4)			(11150.4)
Common	Stock			05/17	7/2012	2			A		2,500		Α	\$ <mark>0</mark> .	00	8,477 D			
		ו	able II - I (								sed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution or Exercise (Month/Day/Year) if any		Date, Transaction					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 of Derivative Security (Instr. 5)		y	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	Ame or Nun of Sha	nber					

**Explanation of Responses:** 

Remarks:

/s/ Kathryn Lamping; Attorney-in-Fact 05/21/2012

\*\* 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.