FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number:

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* OGRADY JUDITH (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below) Sr. VP, Reg. QA, & Clinical | | | | | vner | |
|--|---|--|---|---------|--|---|---|--------|---|-------|--|--|-----------------------------------|---|--|---|---|--|---|--|
| 311 C ENTERPRISE DRIVE | | | | | | 06/10/2004 | | | | | | | | | 51. | v1, Reg. v | ŲΛ, α | Cillical | | |
| (Street) PLAINSBORO NJ 08536 | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | |
| | | Tab | le I - No | on-Deri | vative | Se | curit | ies Ac | quired | l, Di | sposed o | of, or Be | nefic | cially | Owned | t | | | | |
| | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | nd 5) Securities Beneficia | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | 1 | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 06/10/ | | | | | /2004 | 004 | | | M | | 7,000 | A | \$5. | \$5.875 | | 0 | | D | | |
| Common Stock 06/10/2 | | | | | /2004 | 004 | | | S | | 3,500 | D | \$32 | \$32.71 | | 0 | | D | | |
| Common Stock 06/10/20 | | | | | /2004 | 004 | | | M | | 1,250 | A | \$1 | 11.5 | | 0 | | D | | |
| Common Stock 06/10/20 | | | | | /2004 | 004 | | | S | | 625 | D | \$32. | 32.9834 2 | | ,990 | | D | | |
| | | 7 | able II | | | | | | | | oosed of converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | med | 4. Transactior Code (Instr. 8) | | 5. Number on of | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | sable and | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. De Se | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | ber | | | | | | |
| Incentive Stock Option (right to buy) | \$5.875 | 06/10/2004 | | | М | | | 3,500 | 12/31/2 | 000 | 12/31/2005 | Common Stock | 3,50 | 00 | \$32.98 | 11,253 | 3 | D | | |
| Incentive Stock Option (right to buy) | \$11.5 | 06/10/2004 | | | М | | | 625 | 09/19/2 | 001 | 09/19/2006 | Common Stock | 62: | 5 | \$11.5 | 1,563 | | D | | |

Explanation of Responses:

/s/ Judith E. O'Grady

** Signature of Reporting Person

06/11/2004

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.

 $^{^{\}ast}$ 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).