SEC Form 4
------------

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287								
Estimated average burden								
hours per response:	. 0.5							

to Sec obliga	this box if no le tion 16. Form 4 tions may conti	STAT		_	-	-		_		NEFICI/	_		RSHIP	Estir		per: average burde esponse:	3235-0287 en 0.5	
Instru	ction 1(b).			Filed	pursua or Se	nt to S ction 3	Section 16 30(h) of th	.6(a) the In	of the Solvestme	ecurit nt Coi	ies Exchang mpany Act c	je Act of of 1940	1934					
1. Name and Address of Reporting Person* Evoli Lisa (Last) (First) (Middle) 1100 CAMPUS ROAD				2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [ IART ] 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2022								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Executive Vice President &CHRO						
(Street) PRINCE (City)		-	18540 Zip)		4. If A	mend	ment, Da	ate o	f Origina	l File	d (Month/Da	ay/Year)			n filed by O n filed by M	ne Re	ng (Check A porting Pers an One Rep	on
		Table	I - Non-	-Deriva	tive S	Secu	rities A	٩cq	uired,	Dis	posed of	i, or Be	enefic	ially Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Date	th/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5					nd Securi Benefi	cially Following	For (D)	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Transaction				(11501.4)
Common Stock 08/01					2022				F		456	D	\$56	.87 1	9,455		D	
		Tal									osed of, convertib			lly Owne 5)	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4.     5. Number of       Transaction Code (Instr. 8)     5. Number Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			tive ties ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and 8 Amount of 5 Securities 5		8. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		e s Illy 9	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date Exercisable

Explanation of Responses:

**Remarks:** 

/s/ Eric Schwartz; Attorney-in-08/03/2022

Fact

Expiration Date

\*\* Signature of Reporting Person Date

of Shares

Title

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

\* 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).

Code V

(A) (D)

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.