Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours nor roomanas	0.5								

						-(,			npany Act o							
1. Name and Address of Reporting Person* HILL BARBARA B				INT	2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]							neck all ap	ationship of Reporting F all applicable) Director		Person(s) to Issu	
(Last)	(Fir	,	/liddle)	3. Dat	3. Date of Earliest Transaction (Month/Day/Year) 05/09/2024							Offi belo	cer (give title w)		ther (s elow)	specify
				4. If A	mendr	ment, Date of	^r Origina	l Filed	(Month/Da	y/Year)	6. Lir	e)	or Joint/Grou			
(Street) PRINCE	TON NJ	0	8540	_									n filed by Or n filed by Mo son			
(City)	(St	ate) (Z	Zip)	Rule	e 10	b5-1(c)	Trans	sact	ion Indi	cation						
						nis box to indic ne affirmative o							ruction or writ	tten plan that	is inter	nded to
		Table	I - Non-Deri	ative S	ecur	ities Acq	uired,	Disp	osed of	, or Ber	efici	ally Ow	ned			
Date			Exe th/Day/Year) if ar		2A. Deemed Execution Date, if any (Month/Day/Year)						T		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
		·	Date		Exec if any	ution Date,	3. Transa Code (8)		Disposed (nd Secu Bene Own	icially d Following	Form: Dire	ect	of Indirect Beneficial Ownership
		,	Date		Exec if any	ution Date,	Transa Code (Disposed (nd Secu Bene Owne Repo Trans	ities icially d Following	Form: Dire	ect	of Indirect Beneficial
Common	Stock	,	Date (Month		Exec if any	ution Date,	Transa Code (8)	Instr.	Disposed (5)	Of (D) (Inst	r. 3, 4 a	nd Secu Bene Ownd Repo Trans (Instr	rities ficially d Following rted action(s)	Form: Dire	ect	of Indirect Beneficial Ownership
Common			Date (Month	/Day/Year)	Exec if any	ution Date,	Transa Code (8)	Instr.	Disposed (5) Amount	(A) or (D)	r. 3, 4 a	nd Secu Bene Owne Repo Trans (Instr	ities ficially d Following rted action(s) 3 and 4)	Form: Dire (D) or Indi (I) (Instr. 4	ect	of Indirect Beneficial Ownership
		Tal	05/0 05/0	9/2024 9/2024 stive Se	Exec if any (Mon	eution Date, y htth/Day/Year)	Transa Code (8) Code A A Tred, D	v Dispo	Amount 3,163 8,696 osed of, o	(A) or (D) A	Price \$0	Secu Bene Owne Repo Trans (Instr	rities ricially d Following red action(s) 3 and 4)	Form: Dire (D) or Indi (I) (Instr. 4	ect	of Indirect Beneficial Ownership

Explanation of Responses:

Remarks:

/s/ Eric Schwartz; Attorney-in-05/13/2024

Amount or Number

Fact

Title

Expiration Date

** Signature of Reporting Person Date

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).

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.

and 5)

(A) (D) Date Exercisable