FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

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Name and Address of Reporting Person* Coleman Glenn					<u>IN</u>	2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]										Relationship of Reporting Person(s) to Is Check all applicable) Director 10% C Officer (give title Other					
(Last) 1100 CA	(Last) (First) (Middle) 1100 CAMPUS ROAD						of Earl	iest Tran	saction (M	lonth/	Day/Year)	X	below) Executive Vice Pres			below)	` ´				
(Street) PRINCETON NJ 08540						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 Person							
(City)	(S	state)	(Zip)											1 010011							
		Tak	ole I - No	n-Deriv	vativ	e Se	curit	ties Ac	quired	, Dis	posed o	f, or Be	nefic	ially	Owned						
Dat				Date	ransaction e enth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and				es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	(A) or Price		Reported Transaction(s) (Instr. 3 and 4)						
Common Stock				03/29	29/2021				S ⁽¹⁾		3,000) D	\$	68.5	36,058		D				
Common	Stock			03/29	9/202	1			M ⁽¹⁾		12,50	0 A	\$1	.9.41 48,558 D				D			
Common	Common Stock 03/29/				9/202	/2021		S ⁽¹⁾		12,500 D		\$	68.5	36,058			D				
			Table II -								osed of, converti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,		ransaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		1	B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber							
Non- Qualified Stock Option (right to	\$19.41	03/29/2021			M ⁽¹⁾			12,500	(2)		05/02/2022	Common Stock	12,5	500	\$19.41	38,158 ⁽³⁾)(4)	D			

Explanation of Responses:

- 1. The transactions reported in this Form 4 were affected pursuant to Rule 10b5-1 trading plans previously adopted by the reporting person.
- 2.25% of the stock options vested every first, second, third and fourth anniversaries of the grant date of 5/2/2014.
- 3. This option was previously reported as covering 24,264 shares at an exercise price of \$44.87 per share, but was adjusted pursuant to the antidilution provisions of the award in connection with the spin-off of SeaSpine Holdings Corporation on July 1, 2015.
- 4. In accordance with the terms of the stock option plan, the exercise price of the option and number of shares subject to the option have been adjusted to reflect the two-for-one stock split that occurred on December 21, 2016.

Remarks:

/s/ Eric Schwartz; Attorney-in-

03/30/2021

Fact

** 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.