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*  SCHADE CHRISTIAN S							2. Issuer Name and Ticker or Trading Symbol  INTEGRA LIFESCIENCES HOLDINGS  CORP [ IART ]								Check all a	all applicable) Director		g Person(s) to Issuer  10% Owner	
(Last) (First) (Middle) 311 C ENTERPRISE DR					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2013											icer (give title low)		Other (specify below)	
(Street) PLAINSBORO NJ 08536 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Noi	า-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally Ow	ned			
Date						nth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 5)					nd Sec Ben Owr	mount of urities eficially led Following	For (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	Amount	() (I	A) or D)	Price	Trar	Reported Transaction(s) (Instr. 3 and 4)			(11150.4)				
Common Stock 05/22/									A 3,42		5 A		\$ <mark>0</mark> .	00	11,902		D		
		Ta	able II - I )								sed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Disp of (D	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			e and int of rities rlying ative rity (Ins	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	Amo or Num of Sha	nber					

**Explanation of Responses:** 

Remarks:

/s/ Kathryn Lamping; 05/24/2013 Attorney-in-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.