FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OWD / II I	TOVIL						
OMB Number:	3235-0287						
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0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* NOCIOLO DON R					2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]							Check a	ionship of Reporting all applicable) Director Officer (give title		10% C		
(Last) (First) (Middle) 311 C ENTERPRISE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2004									vice President, Operation				
(Street) PLAINS)8536 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	ative	Securitie	s Ac	quired	l, Di	sposed o	f, or Be	nefici	ally O	wne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date		Date,	Transaction Disposed (es Acquired (A) or Of (D) (Instr. 3, 4 a		nd 5) Secu Bene Owne		ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	т	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Commom Stock 03/02/20				004			S		6,381	D	\$31.1	561	0		D		
Common Stock 03/03/20				2004			S		825	D	\$30.73		22,630		D		
		Та	ible II -					,		osed of, convertib			•	ned			
Security or Exercise (Month/Day/Year) if any		4. Transac Code (Ir 8)	tion of	rities lired r osed) r. 3, 4	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date

Expiration

Explanation of Responses:

/S/ Don R. Nociolo

Title

03/04/2004

** Signature of Reporting Person

Amount Number

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.

(A) (D)