FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-028

OMB Number: 3235-0287 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

										Suricit C										
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SCHADE CHRISTIAN S						CORP [IART]								_	X	Directo	r		10% Ov	vner
						<u>50744</u> [11144]										Officer (give title			Other (s	pecify
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									below)			below)	
311 C E	NTERPRIS	05/	05/20/2009																	
			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)						, =									ne)					
PLAINSBORO NJ 08536														X Form filed by One Reporting Person						
			-										Form filed by More than One Reporting Person					rting		
(City) (State) (Zip)															1 01301					
		Tah	le I - Noi	n-Deriv	zative	Se	curitie	s Δ c	raui	red D	ien	nsed c	of or Re	nefici	ally C)wned				
			10 1 - 1401			_				-										
1. Title of S	Security (Ins	str. 3)		2. Trans Date		- [1	Execution	Deemed oution Date,		3. 4. Securit Transaction Disposed			ties Acquir d Of (D) (In:	ed (A) or str. 3, 4 a	and Securition		s	Form	: Direct	7. Nature of Indirect
				(Month/	/Day/Ye	ar) if any (Month/Day/Year				Code (Ins B)	str.	5)								Beneficial Ownership
							[` ′		´ -	 		Amount (A) or		r		Reported Transaction(s)		,,,		(Instr. 4)
						١	Code V	<u> </u>	Amount	(D)	Price	(Instr. 3								
Common Stock 05/20/						2009				A		1,209 A		\$0.	00	3,0	,062		D	
		-	able II -	Deriva	tive S	Seci	ırities	Δα	uire	nd Dis	nns	sed of	or Ben	eficial	ly Ov	vned				
		•							•	,			ble seci		•	mea				
1. Title of	2.	3. Transaction	3A. Deeme	ed he	4.		5. Num	ber	6. Da	ate Exerc	risah	le and	7. Title an	d .	8. P	rice of	9. Number	of	10.	11. Nature
Derivative Security	Conversion or Exercise		Execution if any		Transa		on of		Expi	Expiration Date (Month/Day/Year			Amount of Securities		Der	ivative			Ownership Form:	
(Instr. 3)	Price of	(Month/Day/Year)	(Month/Da	y/Year)	Code (Instr 8)		Securities		(INIOI	(WOIIIII/Day/Tea			Underlying		(Ins	str. 5)	Beneficially		Direct (D)	Ownership
	Derivative Security						Acquir (A) or	Acquired (A) or					Derivative Secu (Instr. 3 and 4)		'		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)
	,						Disposed of (D)					<u> </u>					Reported Transaction(s)		1	
							(Instr. 3	3, 4									(Instr. 4)	.5.1(3)		
				ŀ			anu 5)				_				-					
														Amoun or						
									Date	е	Exp	piration		Numbe of	r					
					Code	٧	(A)	(D)		rcisable	Dat		Title	Shares						
Non- Qualified																				
Stock	\$24.82	05/20/2009			A		7,500			(1)	05/	20/2017	Common	7,500		0.00	7,500		D	
Option (right to	42	05,25,255					',555						stock	',500			,,500		_	
buy)																				

Explanation of Responses:

1. 25% of the stock options vest on each of the third, sixth, ninth and twelfth month anniversaries of the grant date (5/20/09).

Remarks:

/s/ Kathryn Lamping Attorneyin-Fact 05/22/2009

** 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.