UNITED STATES SECURITIES AND E Washington, D.C. 20549	EXCHANGE COMMIS	SION					
FORM 5 ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							
[] Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.							
[] Form 3 Holdings Reported							
[] Form 4 Transactions Reported							
 Name and Address of Reporting Person(s) Sullivan, James M. 311 Enterprise Drive Plainsboro, New Jersey 08536 Issuer Name and Ticker or Trading Symbol Integra LifeSciences Holdings Corp. (IART) I.R.S. Identification Number of Reporting Person, if an entity (Voluntary) 							
 4. Statement for Month/Year 12/02 5. If Amendment, Date of Original (Month/Year) 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) [X] Director [] 10% Owner [] Officer (give title below) [] Other (specify below) 							
7. Individual or Joint/Group Filing (Check Applicable Line) [X] Form filed by One Reporting Person [] Form filed by More than One Reporting Person							
Table I Non-Derivative Secu							
1)Title of Security			3.Trans- 4.Se action or D Code Amou	curities Acqu isposed of (D A or nt D	ired(A)) Price	5)Amount of Securities Beneficially Owned at End of Year	
Table II (PART 1) Derivative	Securitites Ac	quired, Dispos	ed of, or Ben	eficially Own	ed (Columns		
1)Title of Derivative Security	2)Conversion or Exercise Price of Derivative	3)Trans- action Date	4)Trans- action Code	5)Number of Securities A or Disposed	cquired (A)	6)Dat Expir	e Exercisable and ation Date
	Security		Code	Α	D	Exerc	isable Expiration
Non-Qualified Stock Option (right to buy)	\$19.0200	05/21/02	A	10,000		(1)	05/21/08
Table II (PART 2) Derivative	Securitites Ac	quired, Dispos	ed of, or Ben	eficially Own	ed (Columns	1,3 and 7 thro	ough 11)
1)Title of Derivative Security	action of Date Sec	itle and Amoun Underlying urities	t	Amount or Number of	8)Price of Deri- vative Security	Owned at	10) 11)Nature of Indirect D Beneficial or Ownership I
	Tit.			Shares		End of Year	
Non-Qualified Stock Option (right to buy)	05/21/02 Com	mon Stock		10,000		10,000	D Direct
Explanation of Responses: (1)							

(1) This option is fully vested three months after the grant date.

SIGNATURE OF REPORTING PERSON /S/ Christie A. Davis, Attorney in fact DATE 01/16/03