FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average I | hurden | | | | | | | |

0.5

hours per response:

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* <u>CARLOZZI GERARD S</u> | | | | | IN | 2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART] | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | 10% (| |
|--|--|-----|----------|------------------------------|-----------------|---|--------|--|--|--------|---|-------------------|------------------------|---|--|---|--|------------|
| (Last) (First) (Middle) 311 C ENTERPRISE DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2009 | | | | | | | | A | below) below) Executive Vice President & COO | | |)` |
| (Street) PLAINSBORO NJ 08536 (City) (State) (Zip) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - I | Non-Deriv | /ative | Sec | uritie | s Ac | quire | ed, Di | isposed o | f, or E | Benefic | ially (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Execution Date, | | _ | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1) | | | d (A) or . 3, 4 and | d 5) Secu Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | | ted action(s) 3 and 4) | | (Instr. 4) |
| Common Stock 12/21/200 | | | | | 009 | | | | S ⁽¹⁾ | | 7,895 | D | \$35.78 | 372 ⁽²⁾ | 2 | 9,468 | D | |
| | | Т | able II | | | | | | | | oosed of, convertib | | | | vned | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion or Exercise (Month/Day/Year) str. 3) Price of Derivative Security Date (Month/Day/Year) Frice of Derivative Security Execution Date, if any (Month/Day/Year) | | | 4. Transa Code (8) | | Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date Expiration Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- $1. \ The \ transaction \ reported in this \ Form \ 4 \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ previously \ adopted \ by \ the \ reporting \ person.$
- $2. \ The price shown above represents the weighted average price of the shares sold. The range of sale prices was $35.75 to $35.93.$

Remarks:

/s/ Kathryn Lamping; Attorney-in-fact 12/21/2009

** 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.