Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
hours per response	0.5				

1. Name and Address of Reporting Person*  Neils Scott C  (Last) (First) (Middle)  664 CRUISER LANE  (Street)  Output  1. Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]  3. Date of Earliest Transaction (Month/Day/Year)  01/16/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)	(Check	below C Individual or ne)	olicable) etor er (give title v) Chief Fina		10% C Other below)	wner (specify		
(Last) (First) (Middle) 01/16/2024  664 CRUISER LANE  4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	below C Individual or ne)	v) `` Chief Fina		below)			
(Street)	Line)	ne)	r Joint/Grou		X Officer (Specific below)  Chief Financial Officer			
BELGRADE MT 59714		Form	i filed by Or	ne Rep	orting Pers	son		
(City) (State) (Zip)  Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In			-	tten pla	in that is inte	ended to		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Execution Date, if any (Month/Day/Year)  3. Transaction Code (Instr. 3)  5)  4. Securities Acquired (A Disposed Of (D) (Instr. 3,	() or 4 and	nd Securiti Benefic Owned	urities F eficially (I ned Following (I		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
Code V Amount (A) or P(D)	rice		ction(s) and 4)			(Instr. 4)		
Common Stock 01/16/2024 F <sup>(1)</sup> 7,986 <sup>(1)</sup> D \$	\$1.09	9 486	5,872(2)		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 3)    Security (Instr. 3)   Security   Security	Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. These shares were withheld by the Issuer to pay tax withholding obligations upon vesting and settlement of restricted stock unit awards.
- 2. Includes 116,144 shares to be issued upon vesting pursuant to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan and 205,739 shares to be issued upon vesting pursuant to restricted stock unit awards granted under the Xtant Medical Holdings, Inc. Amended and Restated 2018 Equity Incentive Plan, all conditioned upon the Reporting Person remaining an employee of Xtant through the vesting dates.

/s/ Amy E. Culbert, attorneyin-fact

01/18/2024

\*\* 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.