SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

1. Name and Add		g Person [*]	2. Issuer Name and Ticker or Trading Symbol Xtant Medical Holdings, Inc. [XTNT]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Browne Sean E				X	Director	10% Owner				
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/03/2024	X	Officer (give title below)	Other (specify below)				
664 CRUISER LANE			01/05/2021		President and CEO					
,			4. If Amendment, Date of Original Filed (Month/Day/Year)		vidual or Joint/Group Fil	ing (Check Applicable				
(Street)				Line)						
		59714		X	Form filed by One Reporting Person					
					Form filed by More th Person	an One Reporting				
(City)	(State)	(Zip)								
			Rule 10b5-1(c) Transaction Indication	Rule 10b5-1(c) Iransaction Indication						
			Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See			lan that is intended to				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
Common Stock	04/03/2024	A		731,632(1)	Α	\$ <mark>0</mark>	2,306,990 ⁽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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) of Dispo of (D)	r osed) r. 3, 4	Expiration Date (Month/Day/Year)		Expiration Date Amoun (Month/Day/Year) Securi Under Deriva Securi		Amount of De Securities Se		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. These shares will vest and be issued with respect to 182,908 shares on each of April 3, 2025, April 3, 2026, April 3, 2027 and April 3, 2028 pursuant to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan, conditioned upon the Reporting Person remaining an employee of Xtant through the vesting date.

2. Includes an aggregate of 905,848 shares issuable upon vesting and settlement of restricted stock unit awards or deferred stock unit awards granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan and 433,0024 shares issuable upon vesting and settlement of restricted stock unit awards granted under the Xtant Medical Holdings, Inc. Amended and Restated 2018 Equity Incentive Plan, in each case conditioned upon the Reporting Person remaining an employee of Xtant through the applicable vesting dates.

/s/ Amy E. Culbert,	attorney-	04/05/2024
in-fact		04/03/2024

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).