FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL		
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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 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer 1. Name and Address of Reporting Person (Check all applicable) Xtant Medical Holdings, Inc. [ XTNT ] MITCHELL-KELLER LORI D Director 10% Owner X 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other (specify 08/15/2023 below) below) (Last) (First) (Middle) 664 CRUISER LANE 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting 59714 **BELGRADE** MT Person Rule 10b5-1(c) Transaction Indication (Citv) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 2. Transaction 2A. Deemed 5. Amount of 6. Ownership 7. Nature 1. Title of Security (Instr. 3) Execution Date if any Securities Beneficially Form: Direct
(D) or Indirect of Indirect Beneficial (Month/Day/Year) Code (Instr. Owned Following (Month/Day/Year) 8) (I) (Instr. 4) Ownership Reported Transaction(s) (Instr. 4) (A) or (D) Code ν Price Amount (Instr. 3 and 4) 08/15/2023 190,962(2) Common Stock Α 145,180(1) \$0 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of Derivative 9. Number of 10. 11. Nature of Securities
Underlying
Derivative Security Execution Date, if any Transaction Code (Instr. 8) Derivative Conversion Expiration Date (Month/Day/Year) derivative Ownership (Month/Day/Year) Derivative or Exercise Price of Beneficial Security Security Securities Form: (Instr. 3) (Month/Day/Year) Securities (Instr. 5) Beneficially Direct (D) Ownership Derivative Acquired (Instr. 3 and 4) (Instr. 4) (I) (Instr. 4) Security (A) or Disposed Following Reported Transaction(s) of (D) (Instr. 3, 4 and 5)

## **Explanation of Responses:**

\$1.2

Stock Option

(right to

buy)

1. These shares are subject to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. 2023 Equity Incentive Plan, and vest and become issuable on August 15, 2024, conditioned upon the Reporting Person remaining a director of Xtant through the vesting date.

Date

Exercisable

(3)

(D)

Expiration

08/15/2033

Title

Stock

- 2. Includes 145,180 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 45,782 shares to be issued upon vesting pursuant to a restricted stock unit award granted under the Xtant Medical Holdings, Inc. Amended and Restated 2018 Equity Incentive Plan, all conditioned upon the Reporting Person remaining director of Xtant through the vesting dates
- 3. This option vests on August 15, 2024, conditioned upon the Reporting Person remaining a director of Xtant through the vesting date

/s/ Amy E. Culbert, attorney-in-08/17/2023 fact

\$0

\*\* Signature of Reporting Person

Amount Number

Shares

28,230

Date

(Instr. 4)

28,230

D

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).

08/15/2023

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

(A)

28,230

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.