Edgar Filing: Mazzocchi Rudy A - Form 4

Mazzocchi Ru	udy A											
Form 4												
July 27, 2017												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer									Expires:	January 31,		
subject to	STATEM	ENT OF				ENEFICIAL OWNERSHIP OF			Estimated average			
Section 16	Section 16. SECURITIES							burden hours per				
Form 4 or Form 5					a	-			response 0.5			
obligation	a						-	e Act of 1934,				
may contin	nue. Section 17(a			•	•	• •		f 1935 or Section	n			
See Instruct 1(b).	ction	30(II) 0		estinent	Company	Act	01 194	ŧŪ				
	,											
(Print or Type Ro	esponses)											
Mazzocchi Rudy A Symbol Xtant M				Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			Xtant Medical Holdings, Inc. [XTNT]					(Check all applicable)				
(Last)	(First) (M	iddle) 3	3. Date of	Earliest Tra	ansaction			X Director		Owner		
				lonth/Day/Year) 1/25/2017				Officer (give title Other (specify below)				
(Street) 4. If Amer			Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by C						One Reporting Person fore than One Reporting						
								Person				
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year		Date, if					Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	07/25/2017			А	51,948 (1)	А	\$0	51,948	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mazzocchi Rudy A 12168 NW 9TH DRIVE CORAL SPRINGS, FL 33071	Х						
Signatures							
/s/ Rudy A. Mazzocchi 07/	/27/2017						

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) The common stock vests on July 25, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.