INTEGRA LIFESCIENCES HOLDINGS CORP Form 3 January 14, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, Expires:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Add Person <u>*</u> Evoli Lisa	dress of Repo	orting	Statement (Month/Day/Year)		^{ng} 3. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]							
(Last)	(First)	(Middle)	01/13/2016		4. Relationship of Reporting Person(s) to Issuer				ndment, Date Original hth/Day/Year)			
311 C ENTER	RPRISE D	RIVE						6. Individual or Joint/Group				
	(Street)				(Check all applicable)							
PLAINSBOR	08536			Director 10% Owner X Officer Other (give title below) (specify below) Chief Human Resources Officer		Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned									
1.Title of Security (Instr. 4)				Amount of eneficially (astr. 4)	Owned Ownership O		Owne	Nature of Indirect Beneficial wnership nstr. 5)				
	Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)											
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Deriva (Instr. 4)	ative Security	Expir	te Exercisable and ration Date Day/Year) Expiration	Securitie Derivati (Instr. 4)	and Amount of es Underlying ve Security)	4. Conversi or Exerci Price of Derivativ	se Fo Do re Se	wnership orm of erivative ecurity:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Exercisable

Date

Title

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

2005

0.5

Estimated average burden hours per

response ...

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Evoli Lisa 311 C ENTERPRISE DRIVE PLAINSBORO, NJ 08536	Â	Â	Chief Human Resources Officer	Â			
Signatures							
/s/ Richard D. Gorelick; Attorney-in-Fact	01/14/2016						
**Signature of Reporting Person		Da	ite				

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.