RTI SURGICAL, INC. Form 3 January 30, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

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 Address of Reporting Person <u>*</u> Farhat Camille			2. Date of Ever Statement (Month/Day/Ye		3. Issuer Name and Ticker or Trading Symbol RTI SURGICAL, INC. [RTIX]				
(Last) (Fin	,	(liddle)	01/26/2017		4. Relationship Person(s) to Is			5. If Amendment, Date Original Filed(Month/Day/Year)	
11621 RESEARO (Str ALACHUA, FI	eet)				Director X Officer (give title below	Other	w)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (Sta	ate)	(Zip)	r	Гable I - N	on-Derivati	ive Securiti	es Bei	neficially Owned	
1.Title of Security (Instr. 4)				2. Amount of Beneficially ((Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	1	
Common Stock				0		D	Â		
Reminder: Report on owned directly or ind	-	line for eac	ch class of secur	ities beneficia	ally SI	EC 1473 (7-02))		
	informati required	on contai to respor	ond to the co ined in this fo nd unless the IB control nu	orm are not form displa	ays a				
Table 1	II - Deriva	tive Securi	ities Beneficial	ly Owned (e.	g., puts, calls,	warrants, opt	ions, co	onvertible securities)	

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
Farhat Camille 11621 RESEARCH CIRCLE ALACHUA, FL 32615	Â	Â	Chief Executive Officer	Â				
Signatures								
/s/Camille 01/ Farhat	30/2017							
<u>**</u> Signature of Reporting Person	Date							

Explanation of Responses:

* 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.