Edgar Filing:	INTEGRA LIFESCIENCES HOLDINGS CORP -	Form 4

INTEGRA LIFESCIENCE Form 4 December 21, 2004	ES HOLDIN	IGS COR	2P						
								OMB A	PPROVAL
FORM 4 UNITED STATES SI			SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549			N OMB Number:	3235-0287		
Section 16. Form 4 or Form 5 Filed j	pursuant to S 17(a) of the	Section 1 Public U	<b>SECUP</b> 6(a) of th	RITIES ne Securit ding Cor	ties Ex	chan Act c	V <b>NERSHIP OF</b> ge Act of 1934, of 1935 or Secti 940	Estimated burden ho response.	urs per
(Print or Type Responses)									
VANLENT ANNE Sy IN			2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [IART]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mo			3. Date of Earliest Transaction (Month/Day/Year) 12/17/2004			X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
PRINCETON, NJ 08540							Form filed by Person	More than One F	Reporting
(City) (State)	(Zip)	Tab	le I - Non-l	Derivative	Securi	ties Ac	quired, Disposed	of, or Beneficia	ally Owned
1.Title of Security (Instr. 3)2. Transaction D (Month/Day/Yea		Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or		)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: Report on a separate	line for each cl	lass of secu	urities bene	ficially ow	ned dire	ectly 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)

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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and -	Securit
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 34.49	12/17/2004		А	12,500	<u>(1)</u>	12/17/2014	Common Stock	12,5

Other

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## **Reporting Owners**

		Relationships		
Reporting Owner Name / Address	Director	10% Owner	Officer	
VANLENT ANNE				
C/O BARRIER THERAPEUTICS, INC.	х			
600 COLLEGE ROAD EAST, SUITE 3200	Λ			
PRINCETON, NJ 08540				
Signatures				
lel Anno M				

/s/ Anne M. VanLent	12/20/2004			
<pre>**Signature of Reporting Person</pre>	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) This option is fully vested three months after the grant date.

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.