

Xtant Medical Holdings, Inc.  
 Form 3  
 August 07, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Hemmelgarn Brian J.		(Month/Day/Year)	Xtant Medical Holdings, Inc. [BONE]	
(Last)	(First)	(Middle)	07/31/2015	
PO BOX 421,Â 15643		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
CAPTIVA DRIVE				
(Street)		(Check all applicable)		
CAPTIVA,Â FLÂ 33924		<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,272,796 <sup>(1)</sup>	I	By trust <sup>(2)</sup>

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Edgar Filing: Xtant Medical Holdings, Inc. - Form 3

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hemmelgarn Brian J. PO BOX 421 15643 CAPTIVA DRIVE CAPTIVA, FL 33924	^	^ X	^	^
Brian J. Hemmelgarn Revocable Living Trust dated February 9, 1998, as amended PO BOX 421 15643 CAPTIVA DRIVE CAPTIVA, FL 33924	^	^ X	^	^

## Signatures

/s/ Brian J. Hemmelgarn, individually and as sole trustee of the Brian J. Hemmelgarn Revocable Living Trust Dated February 9, 1998, as amended

08/07/2015

\_\_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).

The shares are currently held in escrow and subject to forfeiture to satisfy claims arising under the Stock Purchase Agreement dated July (1) 27, 2015 whereby Xtant Medical Holdings, Inc. (formerly known as Bacterin International Holdings, Inc.) acquired all of the capital stock of X-spine Systems, Inc.

(2) The shares are held by the Brian J. Hemmelgarn Revocable Living Trust dated February 9, 1998, as amended, which may be revoked by Mr. Hemmelgarn and of which Mr. Hemmelgarn is a beneficiary and the sole trustee.

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.