

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Integra LifeSciences Corp (Last) (First) (Middle) 311 ENTERPRISE DRIVE (Street) PLAINSBORO NJ 08536 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol SeaSpine Holdings Corp [SPNE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	07/01/2015		J ⁽¹⁾		10,955,413 ⁽²⁾	D	\$0.00	0	I	See footnote ⁽³⁾

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. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person* Integra LifeSciences Corp (Last) (First) (Middle) 311 ENTERPRISE DRIVE (Street) PLAINSBORO NJ 08536 (City) (State) (Zip)
1. Name and Address of Reporting Person* INTEGRA LIFESCIENCES HOLDINGS CORP (Last) (First) (Middle) 311 ENTERPRISE DRIVE (Street) PLAINSBORO NJ 08536 (City) (State) (Zip)

Explanation of Responses:

- Integra Lifesciences Holding Corporation distributed the shares to its shareholders on a pro rata basis in connection with the separation of the Issuer from Integra Lifesciences Holdings Corporation on July 1, 2015 (the "Separation").
- On June 30, 2015, the common stock of the Issuer split 109,554.13-for-1, resulting in the reporting persons' ownership of a total of 10,955,413 shares of common stock.
- Prior to the Separation, SeaSpine Holdings Corporation was a wholly-owned subsidiary of Integra Lifesciences Corporation, which is a wholly-owned subsidiary of Integra Lifesciences Holdings Corporation.

Remarks:

Corporation By: Integra Lifesciences Holdings Corporation By: /s/ Richard D. Gorelick, Corporate Vice President, General Counsel, Administration and Secretary. Integra Lifesciences Holdings Corporation By: /s/ Richard D. Gorelick, Corporate Vice President, General Counsel, Administration and Secretary.

07/06/2015

** Signature of Reporting Person Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.