FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

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Name and Address of Reporting Person*     CARUSO RICHARD E				<u>II</u>	2. Issuer Name and Ticker or Trading Symbol INTEGRA LIFESCIENCES HOLDINGS CORP [ IART ]  3. Date of Earliest Transaction (Month/Day/Year) 05/17/2012								Check all ap	ationship of Reportir k all applicable) Director Officer (give title below)		son(s) to Iss		
(Last) 311 C E	(First) (Middle)															Other ( below)	specify	
(Street) PLAINSBORO NJ 08536			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(State) (Zip)												Person					
		Tab	le I - Non-De	rivativ	e Se	curitie	s Ad	cquired, [	Dispo	sed o	of, or Be	neficia	ally Own	ed				
Date				ansaction hth/Day/Y	Execution Date,		r, Transaction D Code (Instr. 5					nd Secu Bene Owne	icially d Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	V A	nount	(A) o (D)	r Price		action(s) 3 and 4)			(Instr. 4)	
		1	able II - Der (e.a					uired, Di	•		•		•	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) if an e of vative (Month/Day/Year)		4. Trans Code	4. Transaction Code (Instr.		nber ative ities red sed 3, 4	6. Date Exercisal Expiration Date (Month/Day/Year				d f ; g : Security	8. Price Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expir Date	ation	Title	Amount or Number of Shares	1					
Non- Qualified Stock Option (right to buy)	\$33.85	05/17/2012		A		6,647		(1)	05/17	/2020	Common Stock	6,647	\$0.00	6,64	7	D		
Non- Qualified Stock Option (right to	\$33.85	05/17/2012		A		7,500		(1)	05/17	/2020	Common Stock	7,500	\$0.00	14,14	17	D		

## Explanation of Responses:

 $1.\,25\%$  of the stock options vest every quarter from the grant date of 5/17/2012

## Remarks:

/s/ Kathryn Lamping; Attorney-in-Fact

05/21/2012

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.