Edgar Filing: SeaSpine Holdings Corp - Form 4

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Form 4 June 09, 20)16										
FOR			CECU							PPROVAL	
	UNITED	STATES		RITIES A ashington			NGE	COMMISSION	Number:	3235-0287	
Check if no lo	this box	U	·				Expires:	January 31,			
subject Sectior Form 4	to SIAIEN 116. or	AENT OI	F CHA	NGES IN SECUI		ICIAI	L OV	VNERSHIP OF	Estimated burden hou response	urs per	
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17(a) of the I	Public U		ding Cor	npany	Act	nge Act of 1934, of 1935 or Section 940			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Keran Patrick L			2. Issuer Name and Ticker or Trading Symbol SeaSpine Holdings Corp [SPNE]				-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)	3. Date	of Earliest T	ransaction			(Check all applicable)			
C/O SEAS CORPOR DRIVE	(Month/Day/Year) 06/07/2016				Director 10% Owner X Officer (give title Other (specify below) below) General Counsel						
	(Street)		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
CARLSBA	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(State)	(Zip)	T - I			G	• • •	Person	. f D f t.	1. 0 1	
1.Title of	, <i>,</i>			3.	4. Securit		ties A	cquired, Disposed	6. Ownership	7. Nature of	
Security (Month/Day/Year) Exec (Instr. 3) any		Execution any			nAcquired Disposed	(A) or of (D)		Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
				Code V	Amount	(D) F	Price	(Instr. 3 and 4)			
Reminder: R	eport on a separate line	e for each cla	ass of sec	curities bene	ficially ow	ned dire	ectly o	r indirectly.			
					inforn requi	nation red to r ays a ci	conta respo	pond to the colle ained in this form ond unless the fo atly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab			curities Acq ls, warrants				Beneficially Owner ecurities)	1		
	• • -										

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 14.19	06/07/2016 <u>(1)</u>		A		64,599		(2)	01/27/2024	Common Stock	64,599

Reporting Owners

Reporting Owner Na	Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other					
Keran Patrick L C/O SEASPINE HOLDING 5770 ARMADA DRIVE CARLSBAD, CA 92008	S CORPORATION			General Counsel						
Signatures										
/s/ Patrick L. Keran	06/09/2016									

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).

The option grant was approved by a committee of the issuer's board of directors on January 27, 2016, subject to stockholder approval of(1) an amendment and restatement of the equity plan under which the option was granted. The issuer's stockholders approved the amendment and restatement of the plan on June 7, 2016.

The option vests in equal quarterly installments over four years, with the first installment vesting on March 31, 2016; provided that in no (2) event will the option vest prior to the first anniversary of the reporting person's first day of employment (at which time the portion of the option that would have vested but for this one-year cliff will vest).

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.

**Signature of

Reporting Person