Edgar Filing: Mainelli Michael - Form 4

Mainelli Misheel

Mainelli Mic	chael											
Form 4												
April 10, 201	18											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
	UNITE	D STATES		ATTIES A			IGE (COMMISSION	OMB Number:	3235-0287		
Check thi				ishington, D.C. 2004)					Expires:	January 31,		
if no longer STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERSHIP C				NERSHIP OF	Expires: 2005 Estimated average burden hours per			
0	subject to STATEMENT OF CHAIN Section 16.				SECURITIES							
Form 4 o									response 0.5			
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,				
obligation may cont		7(a) of the	Public Ut	ility Hold	ling Com	pany	Act of	f 1935 or Sectio	n			
See Instru		30(h)) of the In	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type F	Responses)											
1 1 1 1 4		D *		_				5 0 1 () 1 (`П (' П			
Mainelli Mi	ddress of Reportin	ng Person _		r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
	cildel		Symbol									
				Medical Holdings, Inc.			(Check all applicable)					
			[XTNT]									
(Last)	(First)	(Middle)		Earliest Tra	ansaction			X_ Director Officer (give		o Owner		
				onth/Day/Year)				Difficer (give title Other (specify below)				
664 CRUISER LANE 04/08/			04/08/20	08/2018								
				nendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon				Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
							Are than One Reporting					
DELOKAD	E, WII 30/14							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction E							6. Ownership 7. Nature				
Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)			on Date, if					Securities	Form: Direct	Indirect		
			Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership				
	$(\operatorname{Hom} \operatorname{Day} \operatorname{Feat})$ $(\operatorname{Hist}, 0)$ $(\operatorname{Hist}, 3, 4$ and $3)$				Following (Instr. 4) (Instr. 4)							
						(A)		Reported				
						or		Transaction(s)				
				Code V		(D)	Price	(Instr. 3 and 4)				
Common	04/08/2018			А	20,833	А	\$0	20,833	D			
Stock	04/00/2010			11	(1)	11	ψυ	20,000	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly 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)

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount Underlyi Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title N of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mainelli Michael 664 CRUISER LANE BELGRADE, MT 58714	Х						
Signatures							
/s/ Carl D. O'Connell, Attorney-in-Fact		04/10/20	018				
**Signature of Reporting Person		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) The common stock vests as follows: (i) 10,416 shares of common stock vests on February 15, 2019, and (ii) 10,417 shares of common stock vests of February 15, 2020.

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.