Bacterin International Holdings, Inc. Form 4 August 19, 2013

August 19, 4	2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
	UNITE	D STATES		RITIES A shington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section	ger <b>STATE</b> 16.	OX STATEMENT OF CHANGES IN B SECURI					L OWN	Expires: Estimated a burden hou	rs per		
Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	Filed pons tinue. Section 17	7(a) of the	Public U		ding Cor	npany	y Act of	Act of 1934, 1935 or Section )	response	0.5	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Goldberger Daniel S			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Bacteri [BONE	n Internat	tional Ho	lding	s, Inc.	(Check	all applicable	:)	
			3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner X Officer (give title Other (specify below) President and CEO			
004 CKUIS	08/16/2	08/16/2013									
				If Amendment, Date Original ed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
BELGRAD	DE,, MT 59714							Form filed by Me Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit pror Dispos (Instr. 3, 4 Amount	ed of (	D) 5) Price	<ul> <li>5. Amount of Securities</li> <li>Beneficially</li> <li>Owned</li> <li>Following</li> <li>Reported</li> <li>Transaction(s)</li> <li>(Instr. 3 and 4)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	08/16/2013			Р	13,806	А	\$ 0.5825 (1)	13,806	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships							
	Director	10% Owner	Officer	Other					
Goldberger Daniel S 664 CRUISER LANE BELGRADE,, MT 59714	Х		President and CEO						
Signatures									
/s/ Daniel Goldberger	08/19/2013								
<u>**</u> Signature of	Date								

## Reporting Person 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 price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.5802 to \$0.5886, inclusive. The reporting person undertakes to provide to Bacterin International Holdings, Inc. ("BONE"), any

(1) shareholder of BONE, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

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.