Alphatec Ho Form 4 March 09, 2	C												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL					
Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box if no longer subject to STATEMENT OF CHANGE											January 31,		
						ENEFICI TIES	ERSHIP OF	Estimated average burden hours per response 0.5					
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940													
(Print or Type	Responses)												
HCPII Co-Invest Vehicle II, L.P. Symbol				er Name <b>and</b> Ticker or Trading tec Holdings, Inc. [ATEC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date o	f Earliest '	Trai	nsaction			(encer an applicable)				
(Month/I C/O HEALTHPOINTCAPITAL, 505 03/07/2 PARK AVENUE, 12TH FLOOR				nth/Day/Year) 17/2012 b					Director Officer (give title Other (specify below) below)				
(Street) 4. If Ame				nendment, Date Original				6	6. Individual or Joint/Group Filing(Check				
Filed(Mon NEW YORK, NY 10022					-					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non	-De	rivative Sec	urities	Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		ed Date, if	3.4. Securities AcquireTransactionor Disposed of (D)Code(Instr. 3, 4 and 5)				-	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	7	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	03/07/2012			J <u>(1)</u>		1,344,179	D	\$ 0	0	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. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	e Amou ear) Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
		Code N		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: Alphatec Holdings, Inc. - Form 4

## **Reporting Owners**

Reporting Owner Name / Address Relationships	Relationships						
Director 10% Owner Officer Other							
HCPII Co-Invest Vehicle II, L.P. C/O HEALTHPOINTCAPITAL 505 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10022							
Signatures							
/s/ Ebun S. Garner, Esq., Attorney-in-fact 03/09/2012							
**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) This Form 4 is being filed solely to report an in-kind distribution for no consideration by HCPII Co-Invest Vehicle II, L.P. to its limited partners.

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.