FORM 4 Check this box if no

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)															
1. Name and Address of Reporting Person * Davis Kevin L					2. Issuer Name and Ticker or Trading Symbol AMEDICA Corp [AMDA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O AMEDICA CORPORATION, 1885 WEST 2100 SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 01/08/2015							Officer (give title below) X Other (specify below) former Chief Operating Officer					
(Street) SALT LAKE CITY, UT 84119				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Ci		(State)	(Zip)		Table I - Non-Derivative Securities Acqui						canired. Dis	ired. Disnosed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/	Year) Ex			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		5. Amount of Securities Be Owned Following Reported Transaction(s)		rities Benef	icially 6.	Ownership orm: Of Be	eneficial		
			(M	Aonth	n/Day/Year	Code	· V	Amoun	(A) or (D) Pr	Ì	and 4)		or (I)	Indirect (In	vnership istr. 4)		
Title of Derivative	2. Conversion	3. Transaction	Table 3A. Deemed Execution Date, if	(e.g	g., pu	5. Number	arrants, o	ired, Disp	oosed of onvertil Exercisa	or Beneficiand of the securities of the and	lly Owned	l Amount		9. Number of Derivative		11. Nature	
			3A. Deemed	(e.g	g., pu	5. Number	arrants, o	6. Date I	onvertil Exercisa	ble securities)	7. Title and					11. Nature	
Security	or Exercise Price of Derivative Security	(Month/Day/Year)	any (Month/Day/Year)	Code (Instr. 8			posed of	(Month/Day/Y		ur)	Securities (Instr. 3 and	(Instr. 5)	Security (Instr. 5)	Securities Beneficially Owned Following Reported	Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Stock Options	\$ 2.95	01/08/2015		D ⁽¹⁾			100,000	02/13/	/2015	08/13/2024	Common Stock	100,000	\$ 0	0	D		
Stock Options	\$ 0.95	01/08/2015		A(1)		100,000		01/08/2	2015 <mark>(1)</mark>	08/13/2024	Common Stock	100,000	\$ 0	100,000	D		
Repor	ting O	wners			.												

Parada O a Nama / A Nama	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Davis Kevin L C/O AMEDICA CORPORATION 1885 WEST 2100 SOUTH SALT LAKE CITY, UT 84119				former Chief Operating Officer			

Signatures

/s/ Kevin Ontiveros, by Power of Attorney	01/13/2015
**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).
- The reporting person agreed to an amendment of his outstanding stock option, as reflected in this Form 4, for 100,000 shares of the Company's common stock granted to the reporting person on (1) August 13, 2014 (the "August 2014 Option") changing the exercise price from \$2.95 per share to an exercise prices of \$.95 per share. The option fully vested on January 8, 2015 per the terms of the reporting person's Retention Agreement.

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.