

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION****Washington, D.C. 20549****OMB APPROVAL**OMB 3235-  
Number: 0104  
Estimated average  
burden hours per  
response... 0.5**INITIAL STATEMENT OF 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 Type Responses)

|                                                                   |                                                                        |                                                                                                                                                                                                                                          |                                                          |
|-------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br>Leach Kevin          | 2. Date of Event Requiring Statement<br>(Month/Day/Year)<br>03/14/2016 | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>AxoGen, Inc. [AXGN]                                                                                                                                                                |                                                          |
| (Last) (First) (Middle)<br>13631 PROGRESS<br>BOULEVARD, SUITE 400 |                                                                        | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director _____ 10% Owner<br><input checked="" type="checkbox"/> Officer (give _____ Other (specify<br>title below) below)<br>Vice President Marketing | 5. If Amendment, Date Original Filed(Month/Day/Year)     |
| (Street)<br>ALACHUA, FL 32615                                     |                                                                        | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>____X____ Form filed by One Reporting Person<br>____ Form filed by More than One Reporting Person                                                                          |                                                          |
| (City) (State) (Zip)                                              | <b>Table I - Non-Derivative Securities Beneficially Owned</b>          |                                                                                                                                                                                                                                          |                                                          |
| 1. Title of Security<br>(Instr. 4)                                | 2. Amount of Securities Beneficially Owned<br>(Instr. 4)               | 3. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 5)                                                                                                                                                                              | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

|                                               |                                                             |                 |                                                                                |                            |                                                        |                                                                                    |                                                          |
|-----------------------------------------------|-------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|                                               | Date Exercisable                                            | Expiration Date | Title                                                                          | Amount or Number of Shares |                                                        |                                                                                    |                                                          |

**Reporting Owners**

| Reporting Owner Name / Address                                            | Relationships |           |                          |       |
|---------------------------------------------------------------------------|---------------|-----------|--------------------------|-------|
|                                                                           | Director      | 10% Owner | Officer                  | Other |
| Leach Kevin<br>13631 PROGRESS BOULEVARD<br>SUITE 400<br>ALACHUA, FL 32615 |               |           | Vice President Marketing |       |

**Signatures**

|                                                                                                                   |            |
|-------------------------------------------------------------------------------------------------------------------|------------|
| /s/Kevin Leach                                                                                                    | 03/16/2016 |
|  Signature of Reporting Person | Date       |

**Explanation of Responses:**

## **No securities are beneficially owned**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.