longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response...

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

Name and Address of Reporting Person * Rudelius Robert James				2. Issuer Name and Ticker or Trading Symbol AxoGen, Inc. [AXGN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner				
(Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 12/28/2015							Officer (give	e title below)	Othe	er (specify below)	_	
(Street) ALACHUA, FL 32615				4. If Amendment, Date Original Filed(Month/Day/Year) 12/30/2015						_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person					
(City)	(State)	(Zip)			Ta	ble I	- Non-Der	ivative S	Securitie	s Acquired,	, Disposed	of, or Bene	ficially Owne	d	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			2A. Deemed Execution Date, if any (Month/Day/Year) 3. Trans Code (Instr. 8)		8) (4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		f (D) Own Tran	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		1	Ownership of B Oirect (D)	. Nature f Indirect geneficial ownership (nstr. 4)			
								display	s a cui	rently v	equired to valid OMB ficially Own ties)	control n		FIOTILI		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	4. f Transaction Code		5. Number 6 of Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Underly Securities	7. Title and Amount of Underlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expir le Date	ation	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to	\$ 5.09	12/28/2015		A		15,000		(1)(2)	12/2	9/2022	Commor Stock	15,000	\$ 0	15,000	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Rudelius Robert James 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615	X					

Signatures

/s/Robert Rudelius	05/31/2016
**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 option vests in four equal quarterly installments beginning on March 31, 2016, becoming fully vested on December 31, 2016.

The option when issued and originally reported was not exercisable until such time as the number of shares reserved for issuance under the AxoGen, Inc. 2010 Stock Incentive Plan, as amended and restated, had been increased by an affirmative vote of the shareholders of AxoGen, Inc. in an amount that would exceed the shares of Common Stock issuable upon exercise of the option and all other options containing this provision granted prior to such shareholder vote. On May 26, 2016, the Shareholders of AxoGen, Inc. approved by affirmative vote an increase in the number of shares reserved for issuance under the AxoGen, Inc. 2010 Stock Incentive Plan, as amended and restated, that satisfied this contingency. This Amendment is provided to reflect that such contingency has been satisfied and the reported option is no longer subject to such contingency and is exercisable pursuant to its terms, including the vesting provisions provided in Footnote 1 hereof.

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.