FORM 4

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

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

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 Type | Responses | s) | | | | | | | | | | | | | |
|---|--|---|----------------------------|---|---------------------------|----------|----------------|---|--|-----------------------|--|--------------------|--|---|-------------------------|
| 1. Name and Address of Reporting Person * Gold Mark Stephen | | | | 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 | | | | |
| 13631 PRO | OT TITEE AGO | 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2016 | | | | | | - | | ive title below) | | ther (specify belo | ow) | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| ALACHUA, FL 32615 (City) (State) (Zip) | | | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow | | | | | | | vned | | | | |
| 1.Title of Sect (Instr. 3) | 1. Title of Security 2. Transaction Date (Month/Day/Year | | | 2A. Deemed Execution Date, if Code (Inst (Month/Day/Year) | | | . Trai | 8) 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) | | cquired 5. O Tr | 5. Amount of Securities Beneficially (D) Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: | Beneficial Ownership |
| Reminder: Re | eport on a s | eparate line for eac | | Derivative | Sec | curities | Acqı | Person contair form di | s who resp led in this fo splays a cu | orm are no rrently va | ot require lid OMB o | d to respo | nd unless | | 1474 (9-02) |
| Security (Instr. 3) P: | Conversion | 3. Transaction Date (Month/Day/Year | 3A. Deemed Execution Date, | | 4. Transaction Code | | 5. Number 6. E | | options, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownershi Form of Derivativ Security: Direct (D or Indirect | Ownershi (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to purchase) | \$ 8.95 | 12/29/2016 | | A | | 5,000 | | (1) | 12/29/202 | 6 Commo | 2.000 | \$ 0 | 5,000 | D | |
| Reporti | ing O | wners | | | | | | | | | | | | | |

| D (1 0 N / 1) | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Gold Mark Stephen 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615 | X | | | | | | |

Signatures

| /s/Dr. Mark Gold | 01/03/2017 |
|-------------------------------|------------|
| 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) Non-qualified stock option grant for service as Director on Company's Board of directors. Vesting is 100% upon the director's re-election to the Company's Board of Directors at the 2017 Annual Meeting of Shareholders.

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.