SEC	Form	4
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# 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

		Table I - Non	-Derivative Securities Acquired, Disposed of, or Benef	ficially Owned				
(City)	(State)	(Zip)						
(Street) ALACHUA	FL	32615		X Form filed by One Reporting Person Form filed by More than One Reporting Person				
13631 PROGRESS BLVD #400		)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023	Officer (give title Other (specify below) below)				
1. Name and Addr THOMAS P	ess of Reporting Per PAUL	rson*	2. Issuer Name and Ticker or Trading Symbol <u>Axogen, Inc.</u> [ AXGN ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
10b5-1(c). See		•	O house block and Tables a Testine O sub-bl					

### 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of 6. Ownership 7. Nature of Date Form: Direct (D) Execution Date. Transaction Securities Indirect (Month/Day/Year) if any Code (Instr. Beneficially Owned or Indirect (I) Beneficial Following Reported Transaction(s) (Month/Dav/Year) 8) (Instr. 4) Ownership (Instr. 4) (A) or (Instr. 3 and 4) Code v Amount Price D)

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction D Code (Instr. S 8) D (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Stock Option (right to purchase)	\$6.3	09/01/2023		A		20,436		(1)	09/01/2033	Common Stock	20,436	\$0	20,436	D	
Restricted Stock Units	(2)	09/01/2023		Α		11,904		(1)	(1)	Common Stock	11,904	\$ <b>0</b>	11,904	D	

### Explanation of Responses:

1. Annual equity grant for service as Director on the Axogen, Inc. Board of Directors. The number of shares pursuant to the equity grant is based on a \$150,000 valuation as of the grant date and vests on September 1, 2024, one year anniversary of the grant date. One-half of the annual equity grant value is in the form of non-qualified stock options and one-half of the annual equity grant value is in the form of which shares will be delivered to the reporting person upon vesting.

2. Each restricted stock unit represents a contingent right to receive one share of Axogen, Inc. common stock.

### Remarks:

/s/	Paul	Thomas	

\*\* Signature of Reporting Person

09/06/2023

Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.