FORM 4	4
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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).					

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

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02)

#### 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)											
1. Name and Address of Reporting Pe Johnston Lee Robert Jr	2. Issuer Name <b>and</b> Ticker or Trading Symbol AxoGen, Inc. [AXGN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O AXOGEN, INC., 13631 PR BOULEVARD, SUITE 400	3. Date of Earliest Transaction (Month/Day/Year) 06/02/2015						X Officer (give title below) Other (specify below) Chief Finacial Officer				
(Street) ALACHUA, FL 32615	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				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		Acquired Disposed	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)		
Common Stock	06/02/2015		Р		100 (1)	А	\$ 3.05	20,100	D		
Common Stock	06/02/2015		Р		4,600 <u>(1)</u>	А	\$ 3.06	24,700	D		
Common Stock	06/02/2015		Р		200 <u>(1)</u>	А	\$ 3.07	24,900	D		
Common Stock	06/02/2015		Р		100 (1)	А	\$ 3.08	25,000	D		

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

> Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	4	5. Nun	nber	6. Date Exer	cisable	7. Ti	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on o	of		and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	I	Deriva	tive	e (Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	5	Securi	ties	· · · ·		Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				1	Acquii	red			(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security				(	(A) or				4)			Following	Direct (D)	
					I	Dispos	sed						Reported	or Indirect	
						of (D)							Transaction(s)	< / <	
						Instr.	· · ·						(Instr. 4)	(Instr. 4)	
					4	4, and	5)								
											Amount				
								Data	Emination		or				
								Date Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

Γ	Describer Operation Name (Address	Relationships							
	Reporting Owner Name / Address		10% Owner	Officer	Other				
<b>(</b> 1	ohnston Lee Robert Jr C/O AXOGEN, INC. 3631 PROGRESS BOULEVARD, SUITE 400 ALACHUA, FL 32615			Chief Finacial Officer					

## Signatures

/s/ Lee Robert Johnson, Jr.	06/03/2015
**Signature of Reporting Person	Date

# **Explanation of Responses:**

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These shares were purchased in the open market.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).