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

(Print or Typ	e Responses)															
1. Name and Address of Reporting Person * Friedman Mark Louis					2. Issuer Name and Ticker or Trading Symbol AxoGen, Inc. [AXGN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 12/28/2015							X	X Officer (give title below) Other (specify below) VP,Regulatory & Quality				
(Street) ALACHUA, FL 32615				2	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 C							eficially Own	ed				
1.Title of Se (Instr. 3)	ecurity		2. Transa Date (Month/I	Day/Year)	2A. Deer Executio any (Month/I	n Da	ate, if C			(A) o	curities Acquer Disposed of 3, 4 and 5) (A) or unt (D)	of (D) Ow Tra			ed C F C o (l	ownership of orm: Direct (D) Ovr Indirect (Ir	eneficial wnership
Reminder: F	Report on a si	eparate line for ea		`able II - I	Derivativ	e Se	curities	Acqu	Perso conta form	ons wained displ	lays a curre I of, or Bene	m are no ently vali ficially O	t required d OMB co	l to respor	nd unless the		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date,		4. if Transaction Code		5. Number		Expiration Date (Month/Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date Exercise		Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to purchase)	\$ 5.09	12/28/2015			A		10,00	0	(1)(2)]	12/29/2022	Commo	on 10,000	\$ 0	10,000	D	
Repor	ting O	wners															
Reporting Owner Name / Address Direct					ships]								
			Director	10% Own	ner Offic	cer				Othe	er						
Friedman Mark Louis																	

Signatures

ALACHUA, FL 32615

SUITE 400

/s/Mark Friedman	12/30/2015
**Signature of Reporting Person	Date

13631 PROGRESS BOULEVARD

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).
- All shares of Common Stock underlying the employee stock option will be fully vested on December 29, 2019 (4 years from the option grant date) based upon a vesting schedule (1) whereby 25% of the aggregate shares vest on December 29, 2016 (12 months from the option grant date) and an additional 12.5% of the aggregate shares vest each 6 months thereafter.

VP,Regulatory & Quality

The option is 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, have been (2) increased by an affirmative vote of the shareholders of AxoGen, Inc. in an amount that exceeds the shares of Common Stock issuable upon exercise of the option and all other options containing this provision granted prior to such shareholder vote.

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.	