

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	0104			
Estimated average				
burden hours per				
response	0.5			

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 Person *- MARTINEZ MARIA D.	2. Date of Event Requiring Statement (Month/Day/Year) — 10/29/2018		3. Issuer Name and Ticker or Trading Symbol AxoGen, Inc. [AXGN]			
(Last) (First) (Middle) 13631 PROGRESS BLVD., STE. 400			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		Filed(Mo	nendment, Date Original onth/Day/Year)
(Street) ALACHUA, FL 32615			X_ Officer (give title below)		6. Indivi Filing(Cl _X_Form	dual or Joint/Group neck Applicable Line) filed by One Reporting Person filed by More than One Reporting
(City) (State) (Zip)		Table I -	Non-Derivativ	ve Securities	Beneficially	Owned
1. Title of Security (Instr. 4) Reminder: Report on a separate line for	[Beneficiall (Instr. 4)	y Owned	Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)	direct Beneficial SEC 1473 (7-02)
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 control number.						
Table II - Derivative Secur	ities Beneficially	v Owned (e.g., puts, calls, v	varrants, optio	ns, convertibl	le securities)
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title Securi	e and Amount of ties Underlying ative Security	4. Conversion or Exercise	5. 6. Natu Ownership Benefic	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Dat Exe	te Expirat Percisable Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Reporting Owners						

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MARTINEZ MARIA D. 13631 PROGRESS BLVD. STE. 400 ALACHUA, FL 32615			Chief Human Resources Officer			

Signatures

/s/Maria Martinez	10/29/2018
Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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.