FORM 4

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

OMB APPROVAL								
OMB Number:	3235-0287							
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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).

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	(3)																		
Name and Address of Reporting Person * DeVinney Erick Wayne					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						
13631 PROGRESS BOULEVARD, SUITE 400						3. Date of Earliest Transaction (Month/Day/Year) 11/13/2018									X Officer (give title below) Other (specify below) VP, Clinical&Translational Sc					
(Street) ALACHUA, FL 32615					4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City)	(State)	(Zip))			7	Γable I -	Non-De	rivativ	e Securition	es Ac	quired, l	Disposed	of, or Bene	ficially Own	ned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, it any (Month/Day/Year		(Instr. 8)		(A) or Dispo (Instr. 3, 4 a		osed of (D) and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common	Stock		11/13/2	2018				Cod		35,0 (1)		Pric \$ 2.74	40.018				(Instr. 4) D			
Common Stock			11/13/2	2018				F		2,88 (1)	2 D	\$ 33.2	37.1	36			D			
Common	Common Stock			2018				М		274	A	\$ 0.27	37,4	10	0					
				Table II - I					cont form iired, Di	ained displ	in this fo ays a cur	rm a rentl reficia	re not re ly valid (ally Own	equired OMB co	of informa to respon- ntrol num	d unless th		1474 (9-02)		
1. Title of Derivative Security (Instr. 3) 2. Conversion Date or Exercise Price of Derivative Security (Month/Day			r) any			of Deri Secu Acqu (A) o Disp (D)	osed of r. 3, 4,	6. Date Exerc Expiration Da (Month/Day/		ate		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct (or Indir	Ownersh (y: (Instr. 4)			
					Code	v	(A)	(D)	Date Exercise		Expiration Date	Ti	itle	Amount or Number of Shares						
Employee Stock Option (right to purchase)	\$ 2.74	11/13/2018			М				12/16/2	2012	12/16/201		ommon Stock	35,000	\$ 0	0	D			
Employee Stock Option (right to purchase)	\$ 0.27	11/13/2018			М			274	11/18/.	2009	11/18/201	121	ommon Stock	274	\$ 0	0	D			
Repor	ting O	wners																		
Relationships Relationships																				
Reporting Owner Name / Address Director 10%				10% Owr	ner Offi	cer					Other									
DeVinney	Erick Way	/ne																		

VP, Clinical&Translational Sc

Signatures

ALACHUA, FL 32615

SUITE 400

/s/Erick DeVinney	11/15/2018
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).
- This Form is being filed to report the exercise of a stock option for a total of 35,000 shares by means of a stock swap. A stock swap is a method of exercising a stock option in which the (1) option holder pays the exercise price using shares of stock already owned. As a result of this stock swap, the Reporting Person, on a net basis, acquired ownership of an additional 32,118 shares of common stock.

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.