FORM 4

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

OMB APPROVAL
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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

1 Nomes on	pe Response:													
Name and Address of Reporting Person* Scopelianos Angelo			2. Issuer Name and Ticker or Trading Symbol Axogen, Inc. [AXGN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner					
(Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 12/27/2020						X Officer (give title below) Other (specify below) VP Research & Development					
(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					
ALACH (City		(State)	(Zip)	Tr.	11 T N	D	• ,•	G •4•		D.	1 C T		0 1	
		<u>`</u>			_							Beneficially	1	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it any	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of Form: Be	Beneficial	
				(Month/Day/Year)				(A) or		(Instr. 3 and 4)			\ /	Ownership (Instr. 4)
					Code	V	Amoun	` /	Price				(Instr. 4)	
Common	Stock		12/27/2020		A		2,300 (1)	A	(1)	6,096 (3)		D	
Common	n Stock		12/29/2020		S		567 ⁽²		\$ 17.81	5,529			D	
Reminder:	Report on a s	separate line for	r each class of secur	ities beneficially ov	wned direc	tly or	indirectl	у.						
						cont	ained i		rm are	e not requ		spond unle		1474 (9-02)
									Curre	iitiy vana	CIVID COIN	roi numbe		
				Derivative Securiti		ed, Di			neficial	·	ONID COM	roi numbe		
	Conversion	3. Transaction Date	3A. Deemed Execution Da	e.g., puts, calls, wa 4. te, if Transaction	arrants, op 5. Number	ed, Dions	, conver ate Exer Expirati	tible secu cisable on Date	neficial urities) 7. Ti	itle and ount of	8. Price of Derivative	9. Number Derivative	of 10. Owners	*
			any 3A. Deemed Execution Da	e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	<mark>irrants, op</mark> 5.	ed, Dions 6. D and (Mo	, conver ate Exer	tible secu cisable on Date	7. Tanda Und	Ily Owned	8. Price of	9. Number	of 10. Owners Form of Derivat Security Direct (or Indir	hip of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Scopelianos Angelo 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615			VP Research & Development				

Signatures

/s/ Angelo Scopelianos	12/30/2020
**Signature of Reporting Person	Date

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).
- (1) This reflects the number of restricted stock units that became vested as of December 27, 2020.
 - Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units
- (2) granted on December 27, 2018. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- (3) Includes 1547 shares acquired under the Axogen, Inc. employee stock purchase plan on June 30, 2020.

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.