longer subject to

Section 16. Form 4 or

Form 5 obligations

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per 0.5 response.

 $\ \, \text{may continue.} \, \textit{See}$ Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Instruction 1(b). Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)							
Name and Address of Reporting Person DeVinney Erick Wayne	Symbol	ame and Tick		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) C/O AXOGEN, INC., 13859 PROGRESS BOULEVARD, SUITE 100	3. Date of Ea (Month/Day) 01/02/2014		tion	_X_Officer (give titleOther (specify below) below) See Remarks			
(Street) ALACHUA, FL 32615	4. If Amenda Filed(Month/E	ment, Date Or Day/Year)	riginal	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-Derivat	tive Securities Acqu	nired, Disposed of, or Beneficially Owned			
(Instr. 3) Date Exec (Month/Day/Year) any	Deemed ution Date, if hth/Day/Year)	Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Reminder: Report on a separate line for each cl directly or indirectly.	ass of securition	Pe	ersons who respo	nd to the collection		SEC 1474	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned $(e.g., \, puts, \, calls, \, warrants, \, options, \, convertible \, securities)$

1. Title of	2.	Transaction	3A. Deemed	4.		5. Numb	er	Date Exercisal	ole and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Date		of Underlyi	ng	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	/e	(Month/Day/Yea	r)	Securities	Ŭ	Security	Securities	Form of	Beneficial	ı
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Securitie Acquired (A) or Disposed (D) (Instr. 3, and 5)	l l of			(Instr. 3 and	14)	,	Owned Following Reported Transaction(s)	Security: Direct (D) or Indirect	Ownership (Instr. 4)	
				Code	v	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$ 4.81	01/02/2014		A		15,000		01/02/2015 ⁽¹⁾	01/02/2021	Common Stock	15,000	\$0	15,000	D		

required to respond unless the form displays a currently valid OMB control number.

Reporting Owners

Powerting Owner News / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DeVinney Erick Wayne							
C/O AXOGEN, INC. 13859 PROGRESS BOULEVARD, SUITE 100			See Remarks				
ALACHUA, FL 32615							

Signatures

/s/ Erick DeVinney	01/06/2014
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).

All shares pursuant to the employee stock option will be fully vested on January 2, 2018 (4 years from the option grant date) based upon a (1) vesting schedule whereby 25% of the aggregate shares vest on January 2, 2015 (12 months from the option grant date) and an additional

12.5% of the aggregate shares each 6 months thereafter.

Remarks:

Vice President of Clinical and Translational Sciences.

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.