# FORM 3

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	0104			
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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)							
Name and Address of Reporting  Person * Scopelianos Angelo	2. Date of Event Requiring Statement (Month/Day/Year) 09/04/2018		~	3. Issuer Name <b>and</b> Ticker or Trading Symbol AxoGen, Inc. [AXGN]			
(Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400			4. Relationship Person(s) to Is (Check and Director		Filed(M	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) ALACHUA, FL 32615			X_ Officer (give title below)		ent 6. Indiv Filing(C _X_Form	idual or Joint/Group heck Applicable Line) filed by One Reporting Person filed by More than One Reporting	
(City) (State) (Zip)	ı	Table I -	Non-Derivativ	ve Securities	Beneficially	y Owned	
1.Title of Security (Instr. 4)		2. Amount Beneficial (Instr. 4)	ly Owned		Ownership	direct Beneficial	
Reminder: Report on a separate line for Persons who re not required to number.	espond to the o	collection s the form	of information m displays a cu	contained in rrently valid	this form an	I	
Table II - Derivative Security	Date Exercisable		<i>e.g.</i> , <b>puts, calls, v</b> le and Amount of		5.	6. Nature of Indirect	
1. Title of Derivative Security (Instr. 4)  2. Date Exercis and Expiration (Month/Day/Year)		Secur	ities Underlying ative Security	Conversion or Exercise Price of	Ownership Form of Derivative		
	ate Expirat tercisable Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
<b>Reporting Owners</b>							

Reporting Owner Name / Address	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	09/05/2018
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.