FORM	4
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES
may continue. <i>See</i> Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 of

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

Section 30(h) of the Investment Company Act of 1940

(Print or Type Respo	onses)							
1. Name and Addre Engels John P	on <sup>*</sup> 2. Issuer Na Symbol AxoGen, In			ter or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) C/O AXOGEN, I PROGRESS BO 100	<ul> <li>3. Date of Ea (Month/Day, 12/16/2011</li> </ul>	Year)	nsac	ction	X Officer (give title Other (specify below) below) Vice President			
ALACHUA, FL	4. If Amendi Filed(Month/E	· · ·	e Oı	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)	Table I -	Non-De	riva	tive Securities Acqu	uired, Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code		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)		Beneficial Ownership

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Number:

response..

Estimated average

burden hours per

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. 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 Underly	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	ve	(Month/Day/Yea	ur)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Securitie	s			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquired	1						Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	d of						Reported	or Indirect	
						(D)							Transaction(s)	(I)	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Data	Emmination		or				
								Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common					
-	\$ 2.74	12/16/2011		A		65,000		12/16/2012 <sup>(1)</sup>	12/16/2018	Common Stock	65,000	\$0	65,000	D	
(Right										STOCK					
to Buy)															

## **Reporting Owners**

Donortin	Reporting Owner Name / Address		Relationships						
Keportin			10% Owner	Officer	Other				
Engels John P C/O AXOGEN, 1 13859 PROGRE ALACHUA, FL	SS BOULEVARD, SUITE 100			Vice President					

## Signatures

/s/John Engels	12/20/2011
-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 options will be fully vested on December 16, 2015 (4 years from the option grant date) based upon a vesting (1) schedule whereby 25% of the aggregate shares vest on December 16, 2012 (12 months from the option grant date) and an additional 12.5%

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.