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 Estimated average 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)											
1. Name and Address of Reporting 2. Date of Eve			Requir	~	3. Issuer Name and Ticker or Trading Symbol						
Person *	Statem	ent n/Day/Year	A	AxoGen, Inc. [AXGN]							
Schiaparelli Jill F	-02/27										
(Last) (First) (Middle) C/O AXOGEN, INC., 13859					Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give Other (specify title below) below)				5. If Amendment, Date Original Filed(Month/Day/Year)		
PROGRESS BOULEVARD,											
SUITE 100											
(Street)									6. Individual or Joint/Group Filing(Check Applicable Line)		
ALACHUA, FL 32615									_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned									
1.Title of Security (Instr. 4)				ally Ow	ecurities vned	For (D) Indi			ature of Indirect Beneficial nership tr. 5)		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.											
Table II - Derivative Secu											
					e and Amount of ities Underlying ative Security		4. Conversio	5. n Ow	nership	6. Nature of Indirect Beneficial Ownership	
(Month/Day/Year)							or Exercise		Form of	(Instr. 5)	
			(Inst	tr. 4)			Price of		rivative		
	Date Expiration Date Title Amount or Number of Shares	Derivative Security	Dir or I (I)	ect (D) ndirect							
Reporting Owners											

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Schiaparelli Jill F								
C/O AXOGEN, INC. 13859 PROGRESS BOULEVARD, SUITE 100			SVD Due Stratogy & Marketing					
			SVP, Bus. Strategy&Marketing					
ALACHUA, FL 32615								

Signatures

/s/ Jill F. Schiaparelli	02/29/2012
**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.