## FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
Estimated average

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person * Freitag Gregory Gene			2. Issuer Name and Ticker or Trading Symbol AxoGen, Inc. [AXGN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O AXOGEN, INC., 13631 PROGRESS BOULEVARD, SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 06/02/2014						X_Officer (give titleOther (specify below) below) CFO				below)	
(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					
(City)	(State) (Zip)		Table I - N	Non-Der	ivati	ive Secur	ities	Acqui	ired, Disposed	of, or I	Beneficia	lly Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exect any	Deemed ution Date, if nth/Day/Year)	Code		4. Securi Acquired Disposed (Instr. 3,	d (A) d of (	(D) d 5)	5. Amount of Securities Beneficially Or Following Rep Transaction(s)	orted	Form: Direct ( or Indir	/	lirect ficial ership	
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)		(I) (Instr. 4	4)		
Common Stock	06/02/2014			P		5,000 (1)	A	\$ 2.45	29,318		D			
Common Stock	06/03/2014			P		200 (1)	A	\$ 2.34	29,518		D			
Reminder: Report on directly or indirectly.	a separate line for ea	ch cla	ss of securities	s benefic	ially	owned								
					info rec	ormatio	n co res	ntaine pond	nd to the colle ed in this form unless the fo control numb	n are r rm dis	not	(	(9-02)	
			tive Securities uts, calls, war	-		-			eficially Owned	l				
1. Title of 2. Derivative Conversi	3. Transaction on Date		. Deemed ecution Date, if	4. Transa	actio	5. Numbe			Exercisable piration Date	7. Title Amou			9. Number of Derivative	10. Owners

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secui	rities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Following	Direct (D)	
					(A) o	r						Reported	or Indirect	
					Dispo	osed						Transaction(s)	(I)	
					of (D	)						(Instr. 4)	(Instr. 4)	
					(Instr	: 3,								
					4, and	d 5)								
										Amount				
							ъ.	Б:		or				
								Expiration	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

### **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Freitag Gregory Gene C/O AXOGEN, INC. 13631 PROGRESS BOULEVARD, SUITE 400 ALACHUA, FL 32615	X		CFO					

#### **Signatures**

/s/Greg Freitag	06/04/2014
**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).
- (1) These shares were purchased in the open market

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.