FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF longer subject to Section 16. Form 4 or **SECURITIES** Form 5 obligations may continue. See Instruction 1(b).

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

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 Respo	nses)									
Name and Addres Mandato Joseph N	Symbol	2. Issuer Name and Ticker or Trading Symbol AxoGen, Inc. [AXGN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title Other (specify below) below)			
(Last) (14612 BIG BASI	(Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 08/08/2014								
SARATOGA, CA		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 - I	Non-Der	ivat	ive Secur	ities	Acqui	red, Disposed of, or	Beneficially	Owned
1.Title of Security (Instr. 3)	Date (Month/Day/Year) Exect		Deemed 3. Ition Date, if Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount		Price		(Instr. 4)	
Common Stock	08/08/2014		A		5,000	A	\$ 2.3	35,000	D	
Common Stock	08/08/2014		A		2,500	A	\$ 2.31	37,500	D	
Common Stock								1,426,392	I	see footnote 1 (1)
Reminder: Report on directly or indirectly.		ach class of securitie	s benefic	ially	owned					
				inf red	ormatio	n co res	ntaine pond	nd to the collection ed in this form are i unless the form dis control number.	not	SEC 1474 (9-02)
		Perivative Securities	-		•			•		
1 Title of 2	3 Transaction	3A Deemed	4		15				le and 8 F	Price of 9 Number of

1. Title of	2.	Transaction	3A. Deemed	4.	5.		Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	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				Secur	ities			(Instr	. 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	15)									
										Amount					
										or					
							Date	Expiration Date	Title	Number					
							Exercisable	Date		of					
				Code V	(A)	(D)				Shares					

Reporting Owners

Donouting Own or Nome / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mandato Joseph M							
14612 BIG BASIN WAY	X						
SARATOGA, CA 95070							

Signatures

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).
 - The shares are owned by De Novo Ventures II, L.P. ("DNV II"). De Novo Management II, LLC is the sole general partner of DNV II.
- (1) The reporting person is a managing member of De Novo Management II, LLC. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

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.