## FORM 4

(Print or Type Responses)

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

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

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated average burden hours per

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OMB 3235Number: 0287
Estimated average
burden hours per
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *-Zaderej Karen L.	2. Issuer Na Symbol AxoGen, It				ling	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	3. Date of Earliest Transaction (Month/Day/Year) 12/29/2014					_X_Officer (give titleOther (specify below) below) Chief Executive Officer			
400	12/2//201								
(Street) ALACHUA, FL 32615	4. If Amendr Filed(Month/D		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) (State) (Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
(Instr. 3) Date Exec (Month/Day/Year) any	Deemed ution Date, if nth/Day/Year)	3. Transacti Code (Instr. 8)		Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Reminder: Report on a separate line for each conditrectly or indirectly.	lass of securitie	es benefic	Pe in	ersons w formatio	n containe	nd to the collection o	ot	SEC 1474 (9-02)	
		required to respond unless the form displays a currently valid OMB control number.							

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Security (Instr. 3)	Conversion	(Month/Day/Year)	3A. Deemed Execution Date, if	Code	tion	5. Numbord of Derivative Securities Acquired (A) or Disposed (D) (Instr. 3, and 5)	ve s d	6. Date Exercisable and Expiration Date (Month/Day/Year)		Securities		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following	Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$ 3.67	12/29/2014		A		62,000		12/29/2015 <sup>(1)</sup>	12/29/2021 <sup>(1)</sup>	Common Stock	62,000	\$0	386,056	D	
Employee Stock Option (right to buy)	\$ 3.67	12/29/2014		A		19,000		05/29/2015 <sup>(2)</sup>	12/29/2021 <sup>(2)</sup>	Common Stock	19,000	\$0	405,056	D	

#### **Reporting Owners**

Donouting Owner Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Zaderej Karen L. C/O AXOGEN, INC. 13631 PROGRESS BOULEVARD, SUITE 400 ALACHUA, FL 32615	X		Chief Executive Officer				

### **Signatures**

/s/Karen Zaderej	12/31/2014
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).
- All shares pursuant to the employee stock option will be fully vested on December 29, 2018 (4 years from the option grant date) based (1) upon a vesting schedule whereby 25% of the aggregate shares vest on December 29, 2015 (12 months from the option grant date) and an additional 12.5% of the aggregate shares each 6 months thereafter.
- All shares pursuant to the special refinancing bonus employee options will be fully vested on December 29, 2015 (12 months from the (2) option grant date) based upon a vesting schedule whereby 50% of the aggregate shares vest on May 29, 2015 (6 months from the option grant date) and the remaining 50% of the aggregate shares 6 months thereafter.

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.