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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES

OMB	3235-					
Number: 0287						
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burden hours per						
response 0.5						

(9-02)

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	blises)								
1. Name and Addre Rudelius Robert	2. Issuer N Symbol AxoGen, In				ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) C/O AXOGEN, I PROGRESS BO 400	3. Date of Ea (Month/Day, ΓΕ 01/02/2014	/Year)	nsad	ction	Officer (give title below)	Other (s	pecify below)		
ALACHUA, FL	4. If Amenda Filed(Month/I	· · ·	e Oi	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 Securi	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (Instr. 8) Code			(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) e	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

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

Persons who respond to the collection of information contained in this form are not SEC 1474 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)

	(e.g., puts, cans, warrants, options, converting, securities)														
1. Title of			3A. Deemed	4.		5. Numb				7. Title and Amount 8.					11. Nature
	Conversion		Execution Date, if											Ownership	
		(Month/Day/Year)		Code		Derivativ		(Month/Day/Yea	r)	Securities Sec		2			Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Securitie				(Instr. 3 and	d 4)	(Instr. 5)		Derivative	Ownership
	Derivative					Acquired	1							~	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D)							Transaction(s)	· /	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)					-				
											Amount				
								Dete			or				
								Date	Expiration Date	Title	Number				
								Exercisable	-		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common					
*	\$4.81	01/02/2014		Α		15,000		$01/01/2014^{(1)}$	01/01/2021(1)	Common	15,000	\$0	60,000	D	
(right to						ĺ.		01/01/2011	01/01/2021	Stock	ĺ,		ŕ		
purchase)															
Stock															
										Common					
Option	\$ 3.6	01/02/2015		Α		15,000		$03/31/2015^{(1)}$	01/01/2022(1)	Common	15,000	\$0	75,000	D	
(right to						,		00,01,2010	01/01/2022	Stock	,				
purchase)															
L															

## **Reporting Owners**

Derection Ormer Name (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Rudelius Robert James C/O AXOGEN, INC. 13631 PROGRESS BOULEVARD, SUITE 400 ALACHUA, FL 32615	х							

## Signatures

/s/Robert Rudelius	01/06/2015
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) Annual option grant as compensation for services on the board of directors. Options vest as to 25% of total share amount at the end of each fiscal quarter, becoming fully vested after one year.

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.