## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
nours per response	e 0.5					

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

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 Ty	pe Response	s)											1				
Name and Address of Reporting Person*  Scopelianos Angelo				2. Issuer Name and Ticker or Trading Symbol Axogen, Inc. [AXGN]							mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 02/16/2021							y/Year)	X Officer (give title below) Other (specify below)  Chief R&D Officer					
(Street) ALACHUA, FL 32615				4. If Amendment, Date Original Filed(Month/Day/Year)							n/Day/Year	_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City		(State)	(Zip)			Table	1 - N	Non-	-Deri	ivative S	Securitie	es Acq	uired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any		, if C	f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			6. 7. Ownership Form: B	Beneficial			
			(Month	Month/Day/Year)		Code	,	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		02/16/2021				A			1,325 (1)	A	\$ 0	7,452			D	
Common	ommon Stock 02/17/2021					F		406 (2) D \$ 18.71		7,046	7,046		D				
Reminder:	Report on a s	separate line for	r each class of secur					P	Personta he fo	ons wh ained i orm dis	no respo n this fo splays a	orm a a curr	re not requ	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
ı		ı	(	e.g., put	ts, calls,	warra	-	opti	ions,	conver	tible sec	urities	s)		ı		
Security	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) any (Month/Day/Y	te, if Transaction Code (Instr. 8) Deriv Secur Acqu (A) o Dispo of (D (Instr. 4, and		rivaticurities quirector sposec (D) str. 3,	and E (Mon ees d		Date Exercisable d Expiration Date Ionth/Day/Year)		Ar Ur Se	Title and nount of iderlying curities sstr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficia Ownershi (Instr. 4) D)		
				Cod	Code V	V (A	(I	1	Date Exerc		Expiration Date	on Ti	Amount or Number of Shares				

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Scopelianos Angelo 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615			Chief R&D Officer					

### **Signatures**

/s/ Angelo Scopelianos	02/18/2021
**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) This reflects the number of shares that became vested as of February 16, 2021 upon the attainment of certain performance criteria.
- (2) The reported shares were sold, in compliance with company policy as to delivery of compensation based equity, with proceeds from such being used to cover the Reporting Person's tax withholding liability in connection with a portion of a performance stock award that vested on February 16, 2021.

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.