FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
houre por rosponso	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

(Fillit of Type	i (caponaca)														
1. 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_ Director10% Owner				
13631 PROGRESS BLVD., SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021						_	Officer (give	title below)	Other	(specify 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 PersonForm filed by More than One Reporting Person				
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acqui						ties Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		ate, if	(Instr. 8)		A) or Disposed of (D) Overstr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
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 required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code Derivative		mber 6. Date Exercisable and Expiration Date (Instr. 3 tries ired rosed) 3, 4,		7. Title and	1 Amount of 3 Securities d 4)		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivative Security: Direct (D or Indirect	(Instr. 4)		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to purchase)	\$ 19.76	06/01/2021		A		6,030		(1)	06/01/2031	Commor Stock	6,030.00	\$ 0	6,030	D	
Restricted Stock Units	(2)	06/01/2021		A		3,036		(1)	(1)	Commor Stock	3,036.00	\$ 0	3,036	D	

Reporting Owners

D (O N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Freitag Gregory Gene 13631 PROGRESS BLVD. SUITE 400 ALACHUA, FL 32615	X					

Signatures

/s/Gregory Freitag	06/03/2021
**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).
- Annual equity grant for service as Director on the Axogen, Inc. Board of Directors. The number of shares pursuant to the equity grant is based on a \$120,000 valuation as of the grant date (1) and vests on June 1, 2022, one year from the anniversary of the grant date. One-half of the annual equity grant value is in the form of non-qualified stock options and one-half of the annual equity grant value is in the form of restricted stock units.
- (2) Each restricted stock unit represents a contingent right to receive one share of Axogen, Inc. common stock.

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.