FORM 4

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

OMB APPROV	'AL				
OMB Number:	3235-0287				
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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 Type	e Responses)															
1. Name and Address of Reporting Person* MARIANI PETER J				2. Issuer Name and Ticker or Trading Symbol Axogen, Inc. [AXGN]								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) 03/16/2020							X	X Officer (give title below) Other (specify below) Chief Financial Officer				
(Street) ALACHUA, FL 32615				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	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 Acqui							s Acquired	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				2A. Deemed Execution Date, if		ate, if	(Instr. 8)		(A) or	Disposed of 3, 4 and 5) (A) or (D)	5. Amount of Owned Follo Transaction(s (Instr. 3 and 4				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
1. Title of 2. 3. Transaction 3A. Deemed				(e.g., puts, calls, wa 4. 5. Nu Transaction of De Code Secun (Instr. 8) Acqu or Di of (D		5. Num of Deri Securit Acquir	in this form are not requared a currently valid OMB conties Acquired, Disposed of, or Beneficiarrants, options, convertible securities are unber elerivative arrities (Month/Day/Year) (Month/Day/Year) (Indicate the continuation of the continuati				ficially Own ties) 7. Title an of Underly Securities	Title and Amount Underlying curities Security Security Str. 3 and 4) 8. Price of Derivative Security Security Follows			Tumber of lo. ivative Owners urities Form of eficially	Ownershi (Instr. 4)
				Code	V	and 5)	(D)	Date Exercisa		xpiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Stock Option (right to purchase)	\$ 8.61	03/16/2020		A		43,00		(1)	03	3/16/2030	Commo		\$ 0	43,000	D	
Restricted Stock Units	(2)	03/16/2020		A		22,00	0	(3)		(3)	Commo	n 22,000	\$ 0	22,000	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MARIANI PETER J 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615			Chief Financial Officer				

Signatures

/s/Peter Mariani	03/18/2020
**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) All shares of Axogen, Inc. common stock underlying the employee stock option will be fully vested on March 16, 2024 (4 years from the option grant date) based upon a vesting schedule whereby 50% of the aggregate shares vest on March 16, 2022 (24 months from the option grant date) and an additional 12.5% of the aggregate shares vest each 6 months thereafter.
- (2) Each restricted stock unit represents a contingent right to receive one share of Axogen, Inc. common stock.
- All shares of Axogen Inc. common stock underlying the restricted stock Units will be fully vested on March 16, 2024 (4 years from the grant date) based upon a vesting schedule whereby (3) 50% of the aggregate shares vest on March 16, 2022 (24 months from the grant date) and an additional 25% of the aggregate shares vest each 12 months thereafter. Vested shares will be delivered to the reporting person upon the vesting date.

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.