FORM 4

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

OIVID APPRO	VAL					
OMB Number:	3235-028					
Estimated average burden						
hours per response	0.					

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* Gold Mark Stephen					2. Issuer Name and Ticker or Trading Symbol Axogen, Inc. [AXGN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2020							_	Officer (give	title below)	Oth	er (specify below	v)
(Street)				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				
ALACHUA, FL 32615 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqui						s Acquired						
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, is any (Month/Day/Year		ate, if	(Instr. 8)		(A) or (Instr.	A. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5) (A) or (A) or (D) Price		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: Re	eport on a sep	parate line for each o	Table II -	Derivati	ve S	ecurities	Acqu	Person in this a curre	ns wh form ently v	are not re valid OMB of, or Benef	equired to s control r ficially Ow	respond in number.		ion contain form displa		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. 5. Number Transaction Code (Instr. 8) Acquired (A or Disposed of (D) (Instr. 3, 4, and 5)		ber vative es ed (A) osed	6. Date Exercisable and 7 e Expiration Date 0 (Month/Day/Year) S		7. Title ar of Underly Securities	7. Title and Amount of Underlying		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(Ownersh Form of Derivativ Security Direct (I or Indire	(Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		piration ate	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to purchase)	\$ 15.44	09/03/2019		A		10,710)	(1)	09	0/03/2029	Commo Stock	ⁱⁿ 10,710	\$ 0	10,710	D	
Restricted Stock Units	(2)	09/03/2019		A		2,591		(1)		(1)	Commo Stock	1 2 591	\$ 0	2,591	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gold Mark Stephen 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615	X					

Signatures

/s/Dr. Mark Gold	06/03/2020
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).

- 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 September 3, 2019, one year from the anniversary of the grant date. Two-thirds of the annual equity grant value is in the form of non-qualified stock options and one-third of
- (2) Each restricted stock unit represents a contingent right to receive one share of Axogen, Inc. common stock.

the annual equity grant value is in the form of restricted stock units.

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.