FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response... 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 Type | e Responses) | | | | | | | | | | | | | | | | | |
|--|--------------|--------------------------------------|---|---|---|--------------------------------|--|---|---------|---|---|---|-------------------------|--|---|---|-------------------|--|
| Name and Address of Reporting Person * Friedman Mark Louis | | | | 2. Issuer Name and Ticker or Trading Symbol Axogen, Inc. [AXGN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| (Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2020 | | | | | | | | X Officer (give title below) Other (specify below) VP,Regulatory & Quality | | | | | | |
| (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 - No | n-Deriv | ative S | Securitie | s Acqui | ired, D | Disposed (| of, or Benef | icially Owne | d | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | | Code (Inst | 3. Transaction | | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | red 5. Amount of S | | Securities Beneficially | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Co | ode | V A | mount | (A) or (D) | Price | | | | | (I) (Instr. 4) | |
| Common Stock | | | 12/03/2020 | | | N | М | 6 | 25 (1) | | \$ 4.81 | 5,427 | 7 | | - | D | | |
| Common Stock | | 12/03/2020 | | | N | M | 3 | ,187 | Λ | \$ 3.67 | 8,614 | 14 | | D | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security | | 3A. Deemed Execution Date, if | (e.g., puts, calls, v 4. 5. N Transaction of Code Der (Instr. 8) Sect Acq (A) | | ties Acquired, Disarrants, options, amber 6. Date Expiration (Month/Drities sired or osed | | , Dispo ons, cor te Exerc ation D | n Date | | ficially (ties) 7. Title of Under Security | ally Owned | | | Securities Beneficially Owned Following Reported | Owners Form of Derivat Security Direct (or Indir | Ownershi (Instr. 4) | | |
| | | | | | | of (D) (Instr. 3, and 5) | | | | | | | | | | Transaction(s) (Instr. 4) | (I) (Instr. 4 | |
| | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expir Date | ration | Title | | Amount or Number of Shares | | | | |
| Employee Stock Option (right to buy) | \$ 4.81 | 12/03/2020 | | М | | | 625 | 01/0 | 2/2018 | 3 01/0 | 02/2021 | Com Sto | mon ock | 625 | \$ 4.81 | 0 | D | |
| Employee Stock Options (right to buy) | \$ 3.67 | 12/03/2020 | | М | | | 3,187 | 06/2 | 9/2018 | 3 12/2 | 29/2021 | | mon ock | 3,187 | \$ 3.67 | 0 | D | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Friedman Mark Louis 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615 | | | VP,Regulatory & Quality | | | | |

Signatures

| /s/Mark Friedman | 12/07/2020 | |
|---------------------------------|------------|--|
| **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) This Form is being filed to report the cash exercise of stock options.

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.