## 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 Ty	pe Response	s)															
1. 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) Director10% Owner						
(Last) (First) (Middle) 13631 PROGRESS BOULEVARD, SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 12/18/2020							X Officer (give title below) Other (specify below)  VP,Regulatory & Quality					
(Street) ALACHUA, FL 32615				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fi	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)		T	shla I	Now	Dow	dradina (			uiuad Dian	and of out	Beneficially	Ourmad		
1 Title of C			2. Transaction	24 D		1			1					•	6.	7 Notus	_
(Instr. 3) Date				Execu	•	(Instr. 8)		(A) or Disposed (Instr. 3, 4 and 5		of (D	Beneficia Reported	ant of Securities fally Owned Following d Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial	rect cial	
				(Month/Day/Year)			ode	V	Amoun	(A) or (D)	Price		(Instr. 3 and 4)			Owners (Instr. 4	wnership instr. 4)
Common Stock		12/18/2020				4		375 (1) A (1) 8,989			D						
Common Stock			12/21/2020				S		96 (2)	D	\$ 16.4	2 8,893	,893		D		
Reminder:	Report on a	separate line fo	or each class of secu	rities b	eneficially or	wned o		Pers	ons wh	o respo	orm a	re not requ		formation spond unle trol numbe	ss	1474 (9-	-02)
					ative Securit outs, calls, wa												
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution D any	tte, if Transaction Code Year) (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. A U U Si (I			7. Ai Ui Se	Title and mount of iderlying curities astr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Securit Direct or India	chip f f ive Owr (Inst	Beneficia Ownershi (Instr. 4)
					Code V	(A)	(D)	Date Exe		Expiration Date	on Ti	Amount or Number of Shares					
Damax	tina O	****															

#### **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	12/22/2020
**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 reflects the number of restricted stock units that became vested as of December 18, 2020.
  - Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units
- (2) granted on December 18, 2020. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

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.