FORM 4

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

OMB APPROVAL
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

1 37		~)															
(Print or Type Responses) 1. Name and Address of Reporting Person* Donovan Michael Patrick					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) 12/18/2020						X Officer (give title below) Other (specify below) VP Operations						
(Street)				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
ALACHUA, FL 32615 (City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Dis							d. Dispo	osed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execu	A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)		tion 4	· · · · · · · · · · · · · · · · · · ·		quired of (D)	5. Amount of Secur D) Beneficially Owned Reported Transaction		t of Securiti lly Owned F Transaction	es following (s)	6. Ownership Form:	Beneficial	
				(Month/Day/Year)		Co	de	V	Amount	(A) or (D)	Price		nstr. 3 a	nd 4)			Ownership (Instr. 4)
Common	Stock		12/18/2020			Α		3	375 ⁽¹⁾	A	<u>(1)</u>	26	6,404			D	
C	Stock		12/21/2020			S		C	96 <mark>(2)</mark>	D	\$	2.6	6,308			D	
Common		senarate line f		rities be	eneficially o						16.42	2 -					
		separate line f	or each class of secu		eneficially o	wned d	irectly F	y or in Perso contai	ndirectly ons who nined in orm dis	respo this fo	ond to orm ar	the re no ently	collec ot requ y valid			SEC SS	1474 (9-02)
Reminder:	Report on a s		or each class of secu Table II -	Deriva	ative Securi uts, calls, w	wned d	F C C T T T T T T T T T T T T T T T T T	y or in Perso contai the fo	ndirectly ons who nined in orm dis	respo this fo plays a f, or Be ible sec	ond to orm ar a curre	the re no ently	e collector coll	ired to res OMB cont	ormation pond unle rol numbe	SEC ss:	. ,
Reminder:	Report on a s	3. Transaction	Table II -	Deriva	ative Securi outs, calls, w	wned d	quireces, opti	y or in Perso contai the for d, Disp ions, c	ndirectly ons who lined in orm dis	orespo this fo plays a f, or Be ible sec isable n Date	ond to orm are curred eneficia urities 7. 7. Ann Un Sec	o the re no ently (a) Title noun aderly curiti	e collector required y valid Owned and tof ying	ired to res OMB cont	ormation	SEC of 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Donovan Michael Patrick 13631 PROGRESS BOULEVARD SUITE 400 ALACHUA, FL 32615			VP Operations				

Signatures

/s/Mike Donovan	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.