

INITIAL STATEMENT OF 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 Responses)

1. Name and Address of Reporting Person * DeVinney Erick Wayne	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2014	3. Issuer Name and Ticker or Trading Symbol AxoGen, Inc. [AXGN]	
(Last) (First) (Middle) C/O AXOGEN, INC., 13859 PROGRESS BOULEVARD, SUITE 100		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director _____ 10% Owner __X__ Officer (give _____ Other (specify title below) _____ below)	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street) ALACHUA, FL 32615		See Remarks	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 Beneficially Owned		

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Option (right to buy)	04/25/2007	04/25/2017	Common Stock	4,659 ^{(1) (2)} ₍₄₎	\$ 0.27	D	
Stock Option (right to buy)	12/06/2007	12/06/2017	Common Stock	359 ^{(1) (2)} ₍₄₎	\$ 0.27	D	
Stock Option (right to buy)	11/18/2008	11/18/2018	Common Stock	274 ^{(1) (2)} ₍₄₎	\$ 0.27	D	
Stock Option (right to buy)	06/09/2010	06/09/2020	Common Stock	2,530 ^{(1) (2)} ₍₄₎	\$ 0.27	D	
Stock Option (right to buy)	12/16/2011	12/16/2021	Common Stock	35,000 ⁽³⁾ ₍₄₎	\$ 2.74	D	

Reporting Owners

Reporting Owner Name / Address	Relationships
--------------------------------	---------------

	Director	10% Owner	Officer	Other
DeVinney Erick Wayne C/O AXOGEN, INC. 13859 PROGRESS BOULEVARD, SUITE 100 ALACHUA, FL 32615			See Remarks	

Signatures

/s/ Erick DeVinney		01/07/2014
<small>**Signature of Reporting Person</small>		<small>Date</small>

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

Pursuant to an Agreement and Plan of Merger, dated as of May 31, 2011, by and among LecTec Corporation ("LecTec"), Nerve Merger Sub Corp., a subsidiary of LecTec ("Merger Sub"), and AxoGen Corporation ("AC"), which the parties amended on June 30, 2011 and August 9, 2011, Merger Sub merged with and into AC, with AC continuing after the merger as the surviving corporation and a wholly owned subsidiary of LecTec (the "Merger"). The Merger was completed on September 30, 2011, and LecTec was renamed AxoGen, Inc. ("AxoGen"). In connection with the Merger, each share of AC common stock converted into 0.03727336 share of LecTec common stock at the effective time of the Merger. In connection with the Merger, each option to purchase shares of AC common stock was converted to an option to purchase 0.03727336 of a share of AxoGen common stock.

(2) All of these options have vested.

(3) 17,500 options have vested. An additional 4,375 options will vest on each of 06/16/2014, 12/16/2014, 06/16/2015 and 12/16/2015.

(4) These options vest semi-annually over four years from the date of grant.

Remarks:

Vice President of Clinical and Translational Services

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.