Evans Charles Robert Form 3 September 17, 2012

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Â Evans Charles Robert

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

09/05/2012

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

MIMEDX GROUP, INC. [MDXG]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O MIMEDX GROUP, INC., 60 CHASTAIN BLVD., SUITE 60

(Street)

10% Owner _X_ Director Officer Other

(give title below) (specify below)

(Check all applicable)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

KENNESAW, GAÂ 30144

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. 4. Nature of Indirect Beneficial Ownership Ownership Form: (Instr. 5)

Table I - Non-Derivative Securities Beneficially Owned

Direct (D) or Indirect (I)

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

SEC 1473 (7-02)

(Instr. 5)

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

5. 6. Nature of Indirect Ownership Beneficial Form of Ownership Derivative (Instr. 5)

Derivative Security: Security Direct (D)

Date Exercisable Expiration Date

Title

Amount or Number of

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Shares or Indirect (I)

(Instr. 5)

Stock Option $09/05/2013\underline{\text{(1)}} \ 09/05/2022 \ \frac{\text{Common}}{\text{Stock}} \ 45,000 \ \$2.74 \ D \ \hat{A}$

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Evans Charles Robert

C/O MIMEDX GROUP, INC.
60 CHASTAIN BLVD., SUITE 60

KENNESAW, GAÂ 30144

Signatures

/s/ Michael J. Senken, by power of attorney

09/17/2012

**Signature of Reporting Person

Date

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).
- (1) The Option vests and is exercisable in equal installments on the first three anniversary dates of the grant.

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.

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