Edgar Filing: MIMEDX GROUP, INC. - Form 4

MIMEDX G	ROUP, INC.												
Form 4													
February 27,	2015												
FORM	1										PPROVAL		
	UNITED S	STATES				ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287		
Check thi				_						Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN					B	ENEFI	CIAI	L OW	NERSHIP OF		2005 average		
Section 1		SECURITI								Estimated average burden hours per			
Form 4 or							_			response	0.5		
Form 5 obligatior	• · · · · ·							-	e Act of 1934,				
may conti				•		•	• •		f 1935 or Sectio	n			
See Instru	iction	30(n) (of the Inv	vestmen	it C	ompany	Act	OI 194	+0				
1(b).													
(Print or Type R	(esponses)												
1. Name and A	ddress of Reporting l	Person [*]	2. Issuer	Name an	nd T	Ficker or T	Trading	g	5. Relationship of	Reporting Person(s) to			
Senken Micl	hael J.		Symbol	e					Issuer				
-				IMEDX GROUP, INC. [MDXG]					(Check all applicable)				
(Last)	(First) (Middle) 3. Date of Earliest Transaction						(Chec	ineck an applicable)					
			(Month/D	nth/Day/Year)					Director	Owner			
	OX GROUP, INC		02/25/20)15					X Officer (give below)	e title Otho below)	er (specify		
WEST OAK	COMMONS C	Г.							/	Financial Offic	er		
	(Street)		4 If Ame	ndment T	Date	Original			6. Individual or Jo	oint/Group Filir	19(Check		
				Amendment, Date Original (Month/Day/Year)					Applicable Line)				
					,				_X_Form filed by One Reporting Person Form filed by More than One Reporting				
MARIETTA	, GA 30062								Form filed by N Person	Iore than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	e 2A. Deen	ned	3.		4. Securit	ies Ac	auired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		on Date, if Transaction(A) or Disposed of						Securities	Form: Direct			
(Instr. 3)		any	Code (D)				<u>-</u> ,	Beneficially	(D) or Indirect (I) (Instr. 4)	Beneficial			
		(Month/D	ay/Year)	(Instr. 8) (Instr. 3, 4 and 5)				Ownership (Instr. 4)					
									Reported	(mou. i)	(Instr. I)		
							(A) or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	02/25/2015			А		31,524	А	\$0	130,750 <u>(2)</u>	D			
Stock	02/2012013			11		(1)	11	ψυ	150,750 <u>~</u>	D			

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Senken Michael J. C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS CT. MARIETTA, GA 30062			Chief Financial Officer					
Signatures								
/s/ Michael J. Senken, by Power of Attorney		02/27/20	15					
<u>**</u> Signature of Reporting Person		Date						
Evalenation of Deene		-						

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) Grant of restricted stock which vests in equal parts over three years from the date of the grant.
- (2) Includes 64,342 shares of restricted stock.

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.