Edgar Filing: MIMEDX GROUP, INC. - Form 4

MIMEDX GROUP, INC.

Form 4											
November 1	10, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED	STATES			AND EXC , D.C. 205		NGE CO	OMMISSION	OMB Number:	3235-0287	
Check the check		-					Expires:	January 31,			
subject t Section Form 4	to STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated a burden hour response	•	
Form 5	They pursually to bechoir 10(a) of the becultures Exchange Act of 1934,										
obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person _2. IssuePETIT PARKER HSymbol								5. Relationship of Reporting Person(s) to Issuer			
			MIME	DX GROUP, INC. [MDXG]				(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			(Cheek		,	
C/O MIMEDX GROUP, INC., 1775 11/10/2 WEST OAK COMMONS CT., NE				/Day/Year) /2015				_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) Chairman & CEO			
(Street) 4. If Amo			Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check				
Filed(Mo MARIETTA, GA 30062							Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
MARIEII	A, GA 50002						F	Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative S	Securit	ties Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securitie por Disposed (Instr. 3, 4) Amount	d of (D)) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/10/2015			Р	131,925	А	\$ 7.5809	5,026,821 <u>(2)</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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	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			
PETIT PARKER H C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS CT., NE MARIETTA, GA 30062	Х		Chairman & CEO				
Signatures							
/s/ Michael J. Senken, by Power of Attorney	11/1	0/2015					
**Signature of Reporting Person	Ι	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).

The purchase price indicated is a weighted average purchase price. The corresponding shares were bought in multiple transactions at prices ranging from \$7.345 to \$7.70, inclusive. The reporting person undertakes to provide to MiMedx Group, Inc., any security holder of (1)

- MiMedx Group, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares bought at each separate price within the ranges set forth herein.
- (2) Mr. Petit also indirectly beneficially owns an aggregate of 1,350,000 shares held by six (6) Grantor Retained Annuity Trusts (GRATs).

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.