Edgar Filing: MIMEDX GROUP, INC. - Form 4

| Form 4 | ROUP, INC. | | | | | | | | | | | |
|---|---|---|--|---|--------------------------------|----------------|--------|--------|---|--|----------|--|
| Form 4 March 24, 2017 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5 | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] Aguilar Luis A (Last) (First) (Middle) C/O MIMEDX GROUP, INC., 1775 WEST OAK COMMONS COURT | | | Issuer Name and Ticker or Trading Symbol MIMEDX GROUP, INC. [MDXG] Date of Earliest Transaction (Month/Day/Year) 03/23/2017 | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> Director Officer (give title10% Owner below) Other (specify below) | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MARIETTA | , GA 30062 | | | | | | | | _X_ Form filed by 0 Form filed by N Person | | | |
| (City) | (State) | (Zip) | Table | I - Non-I | Derivativo | Sec | curiti | es Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D any (Month/Day) | ate, if | 3. Transacti Code (Instr. 8) Code V | on(A) or 1 (D) (Instr. 3 | Dispo , 4 a | osed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 03/23/2017 | | | A <u>(1)</u> | 21,86 | | A | \$0 | 21,861 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | 7. Tit Amou Undez Secur (Instr | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|--|
| FB | Director | 10% Owner | Officer | Other | | | | |
| Aguilar Luis A C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS COURT MARIETTA, GA 30062 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Alexandra O. Haden, as power of attorney Aguilar | | 03/24/2017 | | | | | | |
| <u>**</u> 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) Grant of restricted stock which vests in equal parts over three years from the date 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.