Edgar Filing: MIMEDX GROUP, INC. - Form 4

MIMEDX GF	ROUP, INC.										
Form 4											
July 31, 2014											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this	box	vv	asnington,	D.C. 20:	549			Number:	January 31,		
if no longer which to a statement of CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	2005			
subject to Section 16			SECUR						Estimated average burden hours per response 0.		
Form 4 or	•		SLECK								
Form 5	Filed purs	uant to Section	16(a) of the	e Securiti	ies E	xchans	ge Act of 1934,	16300136	0.0		
obligations	8 Section 17(a)						of 1935 or Section	n			
may contin See Instruc	iue.	30(h) of the	•	•							
1(b).											
(Print or Type Re	esponses)										
1 Name and Ad	dress of Penorting D	ercon* o t		T . 1	т I [,]		5 Pelationship o	f Deporting Der	son(s) to		
1. Name and Address of Reporting Person * 2. Issuer N PAPASAN LARRY W Symbol				Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
		-		IP INC	IMD	XGI					
MIMEDX GROUP, INC. [MDXG]					(Che	(Check all applicable)					
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)X_Direct				V Director	10% Owner						
C/O MIMED	X GROUP, INC.		-			_X_ Director 10% Owner Officer (give title Other (specify					
	COMMONS CO		2014				below)	below)			
NE		,									
	(Street)	Δ If Δı	nendment, Da	te Original			6 Individual or I	oint/Group Fili	ng(Check		
Filed(Month/I				-			6. Individual or Joint/Group Filing(Check Applicable Line)				
				,			_X_ Form filed by				
MARIETTA	, GA 30062						Form filed by 1 Person	More than One Ro	eporting		
(City)	(State) (Z	Zip) Te			~ .						
(eng)	(State) (2	Ta Ta	ble I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution Date, any	Code	1 \				Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		(Month/Day/Yea				(Instr. 3, 4 and 5)		Indirect (I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported Transaction(s)				
					or	р.	(Instr. 3 and 4)				
Common			Code V	Amount 9,000	(D)	Price					
Stock	07/28/2014		А	(1)	А	\$0	137,668	D			
Stook											

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ivative Expiration Date urities (Month/Day/Year) urited (A) Disposed of tr. 3, 4,		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option	\$ 6.28	07/28/2014		А	15,000	07/28/2015 <u>(2)</u>	07/27/2024	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
I. S.	Director	10% Owner	Officer	Other			
PAPASAN LARRY W C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS COURT, NE MARIETTA, GA 30062	Х						
Signatures							
Michael J. Senken, by Power of Attorney	07/31/2014						
**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) Resticted shares vest on the first anniversary of grant date.
- (2) Stock options vest on first anniversary of grant date.

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.