Edgar Filing: MIMEDX GROUP, INC. - Form 4

MIMEDX G	ROUP, INC.											
Form 4												
May 18, 2013	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OND	3235-0287				
Check thi	s box		Was	hington,	D.C. 205	49			Number:			
	if no longer white ta STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	January 31, 2005			
subject to	SIAL	EMENT O	F CHAN			CIAI	JOW.	NERSHIP OF	Estimated a			
Section 1				SECUR	ITIES				burden hours per response 0.8			
Form 4 or Form 5			n . 1.		а	Б	1					
obligation	10	•					•	e Act of 1934,				
may conti				•				f 1935 or Sectio	n			
See Instru	iction	30(n)	of the In	vestment	Company	Act	01 194	+0				
1(b).												
(Print or Type R	Responses)											
1 Name and A	dduaca of Donouti	in a Danson *						5 Deletionship of	f Danasting Das	an(a) to		
1. Name and Address of Reporting Person <u>*</u> Hack Bruce			2. Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to Issuer				
Hack Druce			Symbol	V CDOL			VCI					
			MINEL	OX GROU	P, INC. [AGJ	(Chec	ck all applicable	:)		
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction											
			(Month/D	•				XDirector		Owner		
C/O MIMEDX GROUP, INC., 1775			05/14/2015					Officer (give title Other (specify below) below)				
	COMMONS	COURT,						,	,			
NE												
	(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	Filed(Month/Day/Year)					Applicable Line)			
								X Form filed by C	One Reporting Pe More than One Re			
MARIETTA	A, GA 30062							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acc	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction l	Date 2A. Dee	med	ed 3. 4. Securities Acquired				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ear) Executio	on Date, if	-				Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code(D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially	Indirect (I) Owner	Beneficial		
		(Month/					5)	Owned Following		Ownership (Instr. 4)		
								Reported	(instr. i)	(Instr. 1)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	0511410015				12,878			(0 (1) (2))	D			
Stock	05/14/2015			А	<u>(1)</u>	А	\$0	686,146 <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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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		

Edgar Filing: MIMEDX GROUP, INC. - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hack Bruce C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS COURT, NE MARIETTA, GA 30062	Х						
Signatures							
/s/ Roberta L. McCaw, by Power of Attorney	05/18	8/2015					
**Signature of Reporting Person	Da	ate					

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 full on the first anniversary date of the grant.
- (2) Includes 9,000 shares of restricted stock which vest on July 28, 2015.

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.