UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number 3235-0287 Estimated average burden hours per response:

D

I

by Family

Trust

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

FORM 4

Check this box if no lo or Form 5 obligations	onger subject to Section 16. Forr may continue. See Instruction 1		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940						hours per response:			
1. Name and Address of KOOB CHARL		2. Issuer Name and Ticker or Trading Symbol <u>MIMEDX GROUP, INC.</u> [MDXG]						ionship of Reporting Person(s) all applicable) Director	10% Ow	10% Owner		
(Last) C/O MIMEDX GRC 1775 WEST OAK C	3. Date of Earlies 01/22/2020	3. Date of Earliest Transaction (Month/Day/Year) 01/22/2020						Officer (give title below)	Other (sp	ecify below)		
(Street) MARIETTA (City)	GA (State)	30062 (Zip)	4. If Amendment,	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indivi X	vidual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
		Та	ble I - Non-Derivativ	e Securities A	cquired	, Dispo	osed of, or Bene	ficially Ow	ned			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execution Date, Code (Instr			4. Securities Acquired (A) or Disposed Of (3, 4 and 5) Amount (A) or (D) Price		ed Of (D) (Instr. 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			01/22/2020	,	M ⁽¹⁾		15,000	Α	\$1.2	15,000	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned										
	01/22/2020		J ⁽²⁾	v	15,000	Α	\$			

J⁽²⁾ v 15,000

D

\$<mark>0</mark>

\$<mark>0</mark>

0

1,475,628

01/22/2020

(e.g., puts, calls, warrants, options, convertible securities) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) 8. Price of Derivative Security (In 5) 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) 11. Nature of Indirect Beneficial Ownership (Instr. 4) 1. Title of Derivative Security (Instr. 3) 3A. Deemed Execution Date, 4. Transaction Code (Instr. 8) 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) 9. Number of 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) if any (Month/Day/Year) Amount or Number of Shares Date Exercisable Expiration Date (A) (D) Title Code Stock Option \$<mark>1.2</mark> 01/22/2020 М 15,000 05/11/2011 05/10/2020 Common Stock 15,000 \$<mark>1.2</mark> D 0 15,000 Stock Option \$<mark>1.1</mark> 12/14/2012 12/13/2021 Common Stock 15,000 D Stock Option \$<mark>2.94</mark> 10/31/2013 10/30/2022 Common Stock 15,000 15,000 D 05/08/2023 Common Stock D Stock Option \$<mark>6.6</mark> 05/09/2014 15,000 15,000 Common Stock Stock Option \$6.28 07/28/2015 07/27/2024 15.000 15,000 D Explanation of Responses:

1. Represents the exercise of a previously-granted stock option.

2. This transaction is a mere change in form of beneficial ownership

Remarks:

Common Stock

Common Stock

/s/ David Wisniewski, as power of attorney for 01/23/2020 Charles E. Koob

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. * 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). Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

POWER OF ATTORNEY Know all by these presents, that the undersigned hereby constitutes and appoints the Secretary and any Assistant Secretary, or any of them signing individual This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with regard to the undersi

Dated: October 21, 2019 /s/ Charles E. Koob

Sworn to and subscribed before me this 21st day of October, 2019.

(SEAL) Claudia Hinckley Bell, Notary Public Cobb County, GA My Commission Expires January 30, 2021

/s/ Claudia Hinckley Bell Notary Public