FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					.,	estinent Company Act of 1940					
State			2. Date of Event Requ Statement (Month/Day 05/01/2020		3. Issuer Name and Ticker or Trading Symbol MIMEDX GROUP, INC. [MDXG]						
(Last) 1775 WEST OAK	(First)	(Middle) URT NE			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) MARIETTA	GA	30062			X Officer (give title below) Other (specify Chief Accounting Officer		y below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
			2. Amount Owned (Ins	of Securities Beneficially str. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Natu	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underly Security (Instr. 4)		ying Derivative	4. Conver or Exer	cise	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	Title		Amount of Number of Shares		ive	(Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

David Wisniewski, as attorney in fact for William Lawrence Phelan 05/11/2020

** 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 5 (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 the secretary of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with

Phelan Dated:

/s/ William L. Phelan

Sworn to and subscribed before me this 1st day of May, 2020.

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

/s/ Claudia Hinckley Bell Notary Public