FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

Washington,	D.C.	20549

OMB APP	ROVAL
OMB Number:	3235-036

Estimated average burden

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OWNERSHIP Form 3 Holdings Reported.										ho	hours per response: 1.0						
Form 4	Transactions	Reported.	Fil	ed pursuant t or Sectio			S(a) of the ne Investm				f 1934						
1. Name and Address of Reporting Person* YESTON NEIL			2. Issuer Name and Ticker or Trading Symbol MIMEDX GROUP, INC. [MDXG]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
	MEDX GRO	*	(Middle) URT, NE	12/31/20	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018							Officer (give title Other (specify below)					
(Street) MARIET (City)			30062 (Zip)	4. If Amei	ndmen	it, Dat	e of Origin	al Filed (N	Month/E	Oay/Year)			i filed by t	One Rep	ng (Check A porting Pers an One Rep	on	
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	d, Dispo	osed	of, or E	eneficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution I			Transaction Code (Instr. 3, 4 and 5)			r Disposed	5. Amou Securiti Benefici Owned	es ally	Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership			
			(Month 2dy	(Monthin Day) Tear)			Amount		(A) or (D)	Price	Issuer's			ct (I) (II	nstr. 4)		
Common Stock										70,460			D				
		Т	able II - Deriva (e.g., p	itive Secu outs, calls								y Owned					
1. Title of Derivative Security (Instr. 3)	Conversion Date or Exercise (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	ransaction of Code (Instr. Derivat		expiration Date (Month/Day/Year unities uired or losed b) tr. 3, 4		ate Amount of		of es ng re Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercisa		iration	Title	Amount or Number of Shares						
Stock Option	\$2.74						09/05/20	13 09/05	5/2022	Common Stock	45,000		45,0	000	D		
Stock Options	\$6.28						07/28/20	15 07/27	7/2024	Common Stock	15,000		15,0	000	D		

Explanation of Responses:

Remarks:

/s/ Alexandra O. Haden, as power of attorney for Neil

02/08/2019

Date

Yeston

** Signature of Reporting Person

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.