Instruction 1(b)

### FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

		00540
Vashington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APP	ROVAL						
	OMB Number:	3235-0362						
	Estimated average burden							
-	haura nar raananaa.	1.0						

Form 3 Holdings Reported.																		
Form 4	Transactions R	Reported.	File	ed pursuant to or Sectior					ities Excha ompany Ac									
1. Name and Address of Reporting Person*  PETIT PARKER H					2. Issuer Name <b>and</b> Ticker or Trading Symbol MIMEDX GROUP, INC. [ MDXG ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					Owner		
(Last) C/O MIM 1775 WE		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015						Year)	X Officer (give title Other (specify below)  Chairman & CEO									
(Street)  MARIET  (City)			20062 Zip)	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					9	
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quir	ed, Dis	sposed	of, or	Benefici	ally O	wne	ed				
1. Title of Security (Instr. 3)  2. Transaction Date			2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			or Disposed	sed Of 5. Amoun Securities Beneficial		es ally	Form	ership n: Direct	7. Nature of Indirect Beneficial Ownership		
			(Month/Day/Year)		8)		Amount		(A) or (D)	Price	Iss	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock		04/02/2015			<b>G</b> <sup>(1)</sup>		200	),000	D	\$0		4,826,821			D			
Common Stock		04/02/2015				<b>G</b> <sup>(1)</sup>		0,000	A	. \$0		200,000			I	By spous	se	
Common	Stock		04/02/2015	G		90	,000	D	D \$0		4,736,821			D				
Common	Stock		05/21/2015	15 G 200,000				D	\$0	\$ <del>0</del>		0		I	By spous	se		
Common	Stock		11/16/2015		G		1,	700	D	\$0		4,735,121			D			
Common	Stock		11/17/2015		<b>G</b> <sup>(2)</sup>		1,35	0,000	D	\$0		0			I	by GRA	Γs	
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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secul Acqu (A) or Dispo	ivative urities posed posed p) tr. 3, 4 5)		Expiration Date (Month/Day/Year) ies ed		Amou Secur Under Deriva Secur and 4	int of rities rlying ative rity (Instr. 3	8. Pric Deriva Securi (Instr.	ative ity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Benefic Owners (Instr. 4	rect cial ship

#### **Explanation of Responses:**

- 1. This transaction involved a gift of securities by the reporting person to his spouse.
- 2. In previous reports, Mr. Petit has reported indirect ownership of an aggregate of 1,350,000 shares held by six (6) Grantor Retained Annuity Trusts (GRATs) established for estate planning purposes for the benefit of his heirs. On November 17, 2015, Mr. Petit resigned as Trustee of each of the GRATs, and, as such, ceased to have beneficial ownership of the shares as of that date.

(A) (D) Exercisable Date

# Remarks:

/s/ Michael J. Senken, by Power of Attorney \*\* Signature of Reporting Person

Shares

Title

01/26/2016

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.