## 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.C.	20549
vvasiniigtori,	D.C.	20343

<b>ANNUAL STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average b	urden							

	ion 1(b). Holdings Repo	rted.	7	OWNERSHIP									_	ll ll	average bu response:	rden 1.0	
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940																	
Name and Address of Reporting Person*     Taylor William Charles				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)							
(Last) (First) (Middle) C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS CT. NE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						Year)	X Director 10% Owner  X Officer (give title below) Other (specify below)  President and COO					er (specify	
(Street)  MARIET  (City)	TA GA		0062 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person													
		Table	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed o	of, or	Benefici	ially	Owne	ed .			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	5. Amount Securities Beneficial Owned at		es ally		wnership orm: Direct	7. Nature of Indirect Beneficial Ownership	
				(Worth/Day/	(MOHUI/Day/Tear)			Amour	ount (A) or (D)		Price	Issuer's		s Fiscal 📗 Ìn			(Instr. 4)
Common Stock			12/02/2016	G		G <sup>()</sup>	G <sup>(1)</sup> 1		2,196	D	\$0		464,370			D	
Common Stock		12/02/2016		G <sup>(1)</sup>		1)	102	2,196	A	\$0		102,196			I	By LLC	
	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 Secu Acqu (A) o Dispe	ivative urities posed b) tr. 3, 4 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable  Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares		t r		9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. On November 30, 2016, for estate planning purposes, Mr. Taylor transferred 102,196 shares of MiMedx common stock to a limited liability company (LLC) of which he owned 100% of the equity interests (consisting of Class A, Class B and Class C Units) and serves as Managing Member. On December 2, 2016, Mr. Taylor transferred all Class B Units of the LLC to his spouse. Subsequently, Mr. Taylor transferred all Class C units of the LLC to a Grantor Retained Annuity Trust of which his spouse serves as Trustee.

## Remarks:

/s/ William C. Taylor

\*\* Signature of Reporting Person Date

01/25/2017

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.