FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Section 3	J(II) OI LITE III	vestment Company Act of 1940					
				vent Requiring Year) 3	Statement	3. Issuer Name and Ticker or Trading Symbol MIMEDX GROUP, INC. [MDXG]						
(Last) 1775 WEST OAK CO	775 WEST OAK COMMONS COURT NE Street)						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director		5.	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) MARIETTA					X Officer (give title below) EVP & Chief Strategy C		10% Owner Other (specify below) Officer		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												
1. Title of Security (Instr. 4)					2. Amount o (Instr. 4)	of Securities Beneficially Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						79,763(1)	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)				ate	(Instr. 4) Exercise P of Derivati		4. Conversion Exercise Price of Derivative		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
				Date Exercisable		Title		Amount or Number of Shares	Security			
Evaluation of Deconces:												

Explanation of Responses:

1. This filling is made on behalf of a new executive officer to report their existing holdings of MiMedx Securities. Includes 56,968 shares of unvested restricted stock.

/s/ I. Mark Landy 12/13/2018 ** 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 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 them signing individually, and 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 undersigned's c

Dated: December 7, 2018 /s/ I. Mark Landy

Sworn to and subscribed before me this 7th day of December, 2018.

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

/s/ Claudia Hinckley Bell

Notary Public