

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL                                 |           |
|--|-----------|
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|  |  |  |   |
|--|--|--|---|
| 1. Name and Address of Reporting Person*<br><u>Hulse William Frank IV</u><br>_____<br>(Last) (First) (Middle)<br><u>1775 WEST OAK COMMONS COURT NE</u><br>_____<br>(Street)<br><u>MARIETTA GA 30062</u><br>_____<br>(City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><u>12/02/2019</u> | 3. Issuer Name and Ticker or Trading Symbol<br><u>MIMEDX GROUP, INC. [ MDXG ]</u>  |   |
|  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br>Director _____ 10% Owner _____<br><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____<br><p style="text-align: center;"><u>General Counsel</u></p> | 5. If Amendment, Date of Original Filed (Month/Day/Year)<br>_____<br>6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 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 Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|--|--|---|
|  | Date Exercisable   | Expiration Date |   |  |  |   |

**Explanation of Responses:**

**Remarks:**

No securities are beneficially owned.

/s/William Frank Hulse IV

12/09/2019

\*\* 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 them signing individual  
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 undersig

Dated: December 9, 2019 /s/ William F. Hulse IV

Sworn to and subscribed before me this 9th day of December, 2019.

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

/s/ Claudia Hinckley Bell  
Notary Public