FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APF | PROVAL |
|--------------|-------------|-----------|
| 014415501115 | OMP Number: | 222E U20. |

| Criccit this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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 APPRO | VAL | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| hours per response: | 0.5 | | | | |

| 1. Name and Address of Reporting Person* Taylor William Charles (Last) (First) (Middle) C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS CT. NE (Street) MARIETTA GA 30062 | | | | | 3. D 02/ | 2. Issuer Name and Ticker or Trading Symbol MIMEDX GROUP, INC. [MDXG] 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2016 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) President and COO 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
|--|---|--|---|------------|------------------------------|--|---|---|--|---|------------------------|---------------------------------------|-----------------------|---------|---|---------------|---|---|---|
| (City) | (S | ate) (| Zip) | | | | | | | | | | | Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | | h/Day/Year) Execut | | Execution if any | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | rities A ed Of (I | Acquired D) (Instr | I (A) o | l and Secu Ben | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | · v | Amoun | t | (A) or (D) | Pric | Transa | | ction(s) 3 and 4) | | (1131114) |
| Common Stock | | | | 02/25 | 02/25/2016 | | | | F | | 4,058 | 3(1) | (1) D | | 0 654,533 | | D | | |
| Common Stock | | | | 02/25/2016 | | | | F | | 8,008 | 8,008 ⁽¹⁾ D | | \$ | 646,525 | | D | | | |
| 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. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | n of Deri Secu Acqu (A) o Disp | osed)) r. 3, 4 | 6. Date Expirat (Month) Date Exercise | on Da | | Am Sec Und Der Sec and | Am or Nur of | | 8. Pri Deriv Secu (Instr | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Shares withheld by the Company to satisfy tax withholding requirements on vesting of restricted stock.

Remarks:

/s/ Michael J. Senken, by power of attorney

02/29/2016

** 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 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.