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

OMB APPRO	OVAL
OMB Number:	3235-0362
Estimated average burd	len
hours per response:	1.0
	OMB Number: Estimated average burd

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions F	eported.	File	ed pursuant to or Section					rities Excha ompany Ac							
1. Name and Address of Reporting Person*  KOOB CHARLES E			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)						
KOOD CHARLES E											X Dire	ector		10%	Owner	
(Last)	(Fir	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016							Year)					r (specify w)		
1775 WE	ST OAK C	OMMONS COU	JRT, NE	4. If Amen	dment	, Date	of Orig	inal File	ed (Month/D	ay/Year	) 6	. Individual	or Joint/Gro	oup Fili	ng (Check	Applicable
(Street) MARIETTA GA 30062					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (2	Zip)													
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed	of, or	Benefici	ally Own	ed			
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	Securi Benefi	ties		ership n: Direct	7. Nature of Indirect Beneficial Ownership		
			(MOHUI/Day/Teal)		8)		Amour	nt	(A) or (D)	Price	Issuer	Issuer's Fiscal Year (Instr. 3 and			(Instr. 4)	
Common Stock 06/06/2016				G		÷	140	0,168	D \$0		1,362,792		D			
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									I		,	
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)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	ative rities ired osed	Expir	te Exercisable and ration Date th/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

**Explanation of Responses:** 

Remarks:

/s/ Alexandra O. Haden, as power of attorney for Charles

E. Koob

01/25/2017

\*\* 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.