Edgar Filing: KOOB CHARLES E - Form 4

| KOOB CHAR Form 4 | LES E | | | | | | | | | | |
|--|---|---------------|--|---|-------------------|----------|--|--|---|-------------------------|--|
| May 04, 2010 | | | | | | | | | | | |
| FORM | 4 UNITE | о стате | SECUDI | TIES AN | ID EVCU | | F CC | MMISSION | | PROVAL | |
| Check this box | | | | ECURITIES AND EXCHANGE CO Washington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | |
| if no longer | | | | | | | | | Expires: | January 31, 2005 | |
| subject to Section 16. Form 4 or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | | verage rs per 0.5 | |
| Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type Re | sponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> KOOB CHARLES E | | | 2. Issuer Name and Ticker or Trading Symbol MIMEDX GROUP, INC. [MDXG.OB] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | 3. Date of Earliest Transaction | | | | | X Director 10% Owner | | | |
| (Last) C/O MIMED E. LIVINGST | | | (Month/Day 03/31/201 | //Year) | ISACTION | | _ | Officer (give t Officer (give t | | owner r (specify | |
| | (Street) 4. If Amend Filed(Month | | | | Original | | A | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| MARIETTA, | GA 30076 | | | | | | Ē | erson | ore than one Re | porting | |
| (City) | (State) | (Zip) | Table | I - Non-De | rivative Sec | urities | Acqui | red, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year) | | tion Date, if | (A) or | | | of (D) |) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| 3% Convertible Senior Secured Promissory Note | 03/31/2010 | | | Code V | Amount 308,821 | (D) A | Price \$ 0.5 | 308,821 | D | | |

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

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number.

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. Transacti Code (Instr. 8) | ofDer Sect Acq Disj | fumber of ivative urities uired (A) or posed of (D) tr. 3, 4, and | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun Underlying Securiti (Instr. 3 and 4) | |
|--|---|---|---|---------------------------------------|------------------------------|--|--|--------------------|---|---------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amo Num Share |
| 3% Convertible Senior Secured Promissory Note | \$ 0.5 | 03/31/2010 | | С | | 300,000 | 04/07/2009 | 04/07/2012 | Common Stock | 300 |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Othe | | |
| KOOB CHARLES E C/O MIMEDX GROUP, INC. 811 E. LIVINGSTON COURT, SUITE B MARIETTA, GA 30076 | Х | | | | | |
| Signatures | | | | | | |
| Michael J. Senken, by Power of Attorney | 05/04/2 | 2010 | | | | |
| | _ | | | | | |

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.