Evans Charles Robert Form 3 September 17, 2012

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Â Evans Charles Robert

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

09/05/2012

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

MIMEDX GROUP, INC. [MDXG]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O MIMEDX GROUP, INC., 60 CHASTAIN BLVD., SUITE 60

(Street)

10% Owner _X_ Director Officer Other (give title below) (specify below)

(Check all applicable)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

KENNESAW, GAÂ 30144

(City) (State)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities

Beneficially Owned (Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

(Zip)

SEC 1473 (7-02)

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 control number.

Date

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)

5. 4 Conversion or Exercise Form of Price of Derivative

6. Nature of Indirect Ownership Beneficial Ownership

(Instr. 5)

Date Exercisable Expiration

Title

Amount or Number of Derivative Security: Security Direct (D)

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Shares or Indirect
(I)

(Instr. 5)

Stock Option $09/05/2013\underline{\text{(1)}} \ 09/05/2022 \ \frac{\text{Common}}{\text{Stock}} \ 45,000 \ \$2.74 \ D \ \hat{A}$

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Evans Charles Robert

C/O MIMEDX GROUP, INC.
60 CHASTAIN BLVD., SUITE 60

KENNESAW, GAÂ 30144

Signatures

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

09/17/2012

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) The Option vests and is exercisable in equal installments on the first three anniversary dates of the grant.

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.

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