MIMEDX GROUP, INC.

Form 5

January 25, 2017

# FORM 5 OMB APPROVAL OMB OMB OMB OMB OMB OMB

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

Expires: January 31, 2005

Number:

3235-0362

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
Reported
Form 4 30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **Taylor William Charles** Symbol MIMEDX GROUP, INC. [MDXG] (Check all applicable) (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) \_X\_ Director 10% Owner \_X\_\_ Officer (give title Other (specify 12/31/2016 below) below) C/O MIMEDX GROUP, President and COO INC., 1775 WEST OAK COMMONS CT. NE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

### MARIETTA, GAÂ 30062

(State)

(Zip)

(City)

\_X\_ Form Filed by One Reporting Person \_\_\_ Form Filed by More than One Reporting Person

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned at end	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership	
				Amount	(A) or (D)	Price	of Issuer's Fiscal Year (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	12/02/2016	Â	G <u>(1)</u>	102,196	D	\$0	464,370	D	Â
Common Stock	12/02/2016	Â	G <u>(1)</u>	102,196	A	\$0	102,196	I	By LLC

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

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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SEC 2270 (9-02)

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## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
									of	
					(A) (D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Taylor William Charles C/O MIMEDX GROUP, INC. 1775 WEST OAK COMMONS CT. NE MARIETTA, GAÂ 30062

 $\hat{A} X \qquad \hat{A} \qquad \hat{A} \qquad \text{President and COO} \quad \hat{A}$ 

## **Signatures**

/s/ William C. Taylor 01/25/2017

\*\*Signature of Date
Reporting Person

## **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).

On November 30, 2016, for estate planning purposes, Mr. Taylor transferred 102,196 shares of MiMedx common stock to a limited liability company (LLC) of which he owned 100% of the equity interests (consisting of Class A, Class B and Class C Units) and serves as Managing Member. On December 2, 2016, Mr. Taylor transferred all Class B Units of the LLC to his spouse. Subsequently, Mr. Taylor transferred all Class C units of the LLC to a Grantor Retained Annuity Trust of which his spouse serves as Trustee.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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