Edgar Filing: KOOB CHARLES E - Form 4

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| Form 4 November | | | | | | | | |
|---|--|------------------------------------|--|--|---|---|--|--|
| | | | | | | OMB A | PPROVAL | |
| FORI | VI 4 UNITED | STATES SE | CURITIES A Washington | | GE COMMISSION | OMB Number: | 3235-0287 | |
| if no lo subject Sectior Form 4 Form 5 obligat may co | to 16. or 5 Filed put ions Section 17(| rsuant to Secti (a) of the Publ | HANGES IN SECUF ion 16(a) of th lic Utility Hol | BENEFICIAL RITIES le Securities Exc | OWNERSHIP OF hange Act of 1934, act of 1935 or Section f 1940 | WNERSHIP OF Expires: January 3 200 Estimated average burden hours per response 0. nge Act of 1934, of 1935 or Section | | |
| (Print or Type | e Responses) | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> KOOB CHARLES E | | | nbol | I Ticker or Trading UP, INC. [MDX) | 5. Relationship of Reporting Person(s) to Issuer] (Check all applicable) | | | |
| (Last) | (First) (| Middle) 3. D | Date of Earliest T | ransaction | (Cnech | c all applicabl | e) | |
| | EDX GROUP, IN IN CENTER BLV | C., 60 10/ | onth/Day/Year) /31/2012 | | X Director Officer (give t below) | | % Owner her (specify | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| KENNES | AW, GA 30144 | | | | Form filed by M Person | ore than One R | eporting | |
| (City) | (State) | (Zip) | Table I - Non-I | Derivative Securitie | s Acquired, Disposed of | , or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date any | 3. e, if Transactio Code | 4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | 5. Amount of 6. Securities Fe Beneficially (I Owned (I Following (I Reported Transaction(s) (Instr. 3 and 4) | Ownership orm: Direct D) or Indirect | 7. Nature of Indirect | |
| Reminder: R | eport on a separate line | e for each class o | f securities benef | ficially owned direct | ly or indirectly. | | | |
| | | | | information co required to res | respond to the collect ontained in this form a spond unless the forn rently valid OMB cont | are not n | SEC 1474 (9-02) | |
| | Tab | | | uired, Disposed of, , options, convertib | or Beneficially Owned le securities) | | | |
| | | saction Date 3A /Day/Year) Exe | | 4. 5. Num TransactiorDerivat | | ble and | 7. Title and Amount of Underlying Securities | |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/Year) | | (Instr. 3 and 4) | |
|------------------------|---|------------|-------------------------|--------------------|--|-----------------------|--------------------|------------------|------------------------------------|
| | | | | Code V | (A) (D) |) Date Exercisable | Expiration Date | Title | Amount or Number of Share |
| Stock Option | \$ 2.94 | 10/31/2012 | | А | 15,000 | 10/31/2013 <u>(1)</u> | 10/30/2022 | Common Stock | 15,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| FB | Director | 10% Owner | Officer | Other | | |
| KOOB CHARLES E C/O MIMEDX GROUP, INC. 60 CHASTAIN CENTER BLVD., SUITE 60 KENNESAW, GA 30144 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Michael J. Senken, by Power of Attorney | 10/31/ | /2012 | | | | |
| **Signature of Reporting Person | Dat | e | | | | |

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).

(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.