

Information Sheet

Please list your purchase and sale transaction(s) in AxoGen, Inc. (Nasdaq: AXGN) securities between August 7, 2017 and December 18, 2018, inclusive (the "Class Period") in the chart below. Please return completed form by fax to 610-667-7056, or by scan/photo to info@ktmc.com. You may also submit your information online at www.ktmc.com/newcases.

First Name (Required Information)

Last Name (Required Information)

Address

City, State, Zip

Telephone Number

Email (Required Information)

Current Employer

Signature

PURCHASES

Buy Date	# Shares	Price per Share

SALES

Sell Date	# Shares	Price per Share

Please list additional Class Period transactions and/or transactions in related securities (options, bonds, or preferred stock) on a separate piece of paper if necessary.

Are you a current or former employee of
AxoGen, Inc.?
Yes / No (Circle)

Did you purchase shares of **AxoGen, Inc.**
prior to the Class Period?
Yes / No (Circle)

The submission of this form does not create an attorney-client relationship, nor an obligation on the part of Kessler Topaz Meltzer & Check, LLP or you to file a lead plaintiff motion in this matter. Any information you submit will be maintained as confidential. If Kessler Topaz Meltzer & Check, LLP, in its sole discretion, believes that you might be an appropriate lead plaintiff candidate, Kessler Topaz Meltzer & Check, LLP will contact you to discuss the matter and whether to establish an attorney client relationship. By signing this form you are authorizing us to contact you by email, phone or by other means regarding this case. You are also authorizing and requesting us to contact you by email, phone or by other means regarding future cases. Please note: failing to provide the required information set forth above will prohibit Kessler Topaz Meltzer & Check, LLP from providing you with any further information about this case or any future cases. Thank you, and please do not hesitate to contact us with any questions.

If you do not want to be contacted regarding future cases, please indicate that by checking this box.

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