

MIMEDX GROUP, INC.  
Form 3/A  
June 09, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â BROWN REBECCA H		(Month/Day/Year)	MIMEDX GROUP, INC. [MDXG.OB]	
COVERT		02/08/2008		
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	
C/O MIMEDX, INC., Â 1234			(Check all applicable)	
AIRPORT RD., STE. 105			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	
(Street)			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	
DESTIN, Â FL Â 32541			(give title below) (specify below)	
(City)	(State)	(Zip)	COO, EVP & Sec. of Sub.	
			5. If Amendment, Date Original Filed(Month/Day/Year)	
			02/14/2008	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.**

**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)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		or Indirect (1) (Instr. 5)	
Stock option	Â (1)	12/12/2015	Common Stock	100,000 (3)	\$ 1.8 (2) (3)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BROWN REBECCA COVERT C/O MIMEDX, INC. 1234 AIRPORT RD., STE. 105 DESTIN, FL 32541	Â	Â	Â COO, EVP & Sec. of Sub.	Â

## Signatures

/s/ V. Nicole Teal, pursuant to a POA filed previously with the  
SEC

06/06/2008

\_\_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 in four equal annual installments, with the final installment vesting on December 13, 2008. Options for 75,000 shares are currently exercisable.  
Received in exchange for a stock option to acquire 100,000 shares of MiMedx, Inc. common stock for \$1.80 per share in connection with
- (2) the merger of MiMedx, Inc. with and into MMX Acquisition Corp., a wholly-owned subsidiary of Alynx, Co. (now MiMedx Group, Inc.). Due to a clerical error, the exercise price was previously reported incorrectly.
- (3) The information contained in this report reflects a 0.3234758-for-1 reverse stock split that occurred on March 31, 2008.

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.