Safe Harbor Statement

This Presentation contains "forward-looking" statements as defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations or predictions of future conditions, events, or results based on various assumptions and management’s estimates of trends and economic factors in the markets in which we are active, as well as our business plans. Words such as "expects," "anticipates," "intends," "plans," "believes," "seeks," "estimates," "projects," "forecasts," "continue," "may," "should," "will," and variations of such words and similar expressions are intended to identify such forward-looking statements. The forward-looking statements may include, without limitation, statements regarding our assessment on our internal control over financial reporting, our growth, our 2018 and 2019 guidance, product development, product potential, financial performance, sales growth, product adoption, market awareness of our products, data validation, our visibility at and sponsorship of conferences and educational events.

The forward-looking statements are subject to risks and uncertainties, which may cause results to differ materially from those set forth in the statements. Forward-looking statements in this release should be evaluated together with the many uncertainties that affect AxoGen's business and its market, particularly those discussed in the risk factors and cautionary statements in AxoGen's filings with the Securities and Exchange Commission. Forward-looking statements are not guarantees of future performance, and actual results may differ materially from those projected. The forward-looking statements are representative only as of the date they are made and, except as required by law, AxoGen assumes no responsibility to update any forward-looking statements, whether as a result of new information, future events, or otherwise.
The AxoGen Platform for Nerve Repair
The Function of Nerves

Nerves are like wires
- Transfer signals across a network
- If cut, data cannot be transferred
- If crushed, short circuits and data corruption may occur

The peripheral nervous system is a vast network from every organ to and from the brain
- Sensory
- Motor
- Autonomic
AxoGen is the Pre-eminent Nerve Repair Company

✓ Exclusive focus on peripheral nerve repair and protection solutions
✓ Comprehensive product portfolio addresses large and untapped market opportunity
✓ “Five Pillar” Market Development Strategy delivered 32 consecutive quarters of YOY double-digit growth

<table>
<thead>
<tr>
<th>2018 Revenue&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>$83.9M, 39% growth vs 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2018 Revenue&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>$23.4M, 38% growth vs Q4 2017</td>
</tr>
<tr>
<td>High Gross Margins</td>
<td>84.7% as of September 30, 2018</td>
</tr>
<tr>
<td>Cash, Cash Equivalents, and Investments as of September 30, 2018</td>
<td>$126.4M</td>
</tr>
</tbody>
</table>

✓ Solid balance sheet provides resources to execute business plan
✓ Significant barriers to competitive entry including a growing body of clinical data
✓ Management team with deep expertise and strong track record of success
✓ Expansion opportunities beyond current markets

<sup>(a)</sup> Unaudited estimate of 2018 year-end and fourth quarter revenue.
How are Nerves Injured?

**Transections**
Motor vehicle accidents, power tool accidents, battle field injuries, gunshot wounds, surgical injuries, natural/other disasters

**Compression**
Carpal, cubital, tarsal tunnel revision, blunt trauma, previous surgery

**Repair**

**Protect**

It’s time to rethink nerve repair.
Current Targeted Nerve Markets (U.S.)

>$2.7 Billion

U.S. procedural estimates remain >900,000*
- Trauma: >700,000 \(^{1,2,3,4}\)
- Carpal Tunnel Revisions and Cubital Tunnel: 130,000 \(^{5, 6, 7, 8}\)
- OMF: ~56,000 \(^{9,10,11,12,13,14,15,16,17}\)
- Breast Neurotization Procedures: 15,000 \(^{18}\)

$2.7B estimate does not include pain market

*Referenced papers were used to derive specific assumptions in the procedure potential estimates. Papers used include both U.S. and OUS databases and studies.
## Estimated $2.7B Value of Market Opportunity in Existing Applications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Annual Incidence(^{(a)})</th>
<th>Weighted Average Procedure Value</th>
<th>Total Addressable Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>700,000(^{(b)})</td>
<td>$2,725(^{(c)})</td>
<td>$1,900M</td>
</tr>
<tr>
<td>Carpal and Cubital Tunnel</td>
<td>130,000</td>
<td>$2,100</td>
<td>$270M</td>
</tr>
<tr>
<td>Oral and Maxillo-Facial</td>
<td>56,000</td>
<td>$5,400</td>
<td>$300M</td>
</tr>
<tr>
<td>Breast Reconstruction Neurotization</td>
<td>24,500 flaps (15,000 patients)</td>
<td>$10,200</td>
<td>$250M</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>&gt;900,000</td>
<td>-</td>
<td>&gt;$2.7B</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Annual incidence of PNI surgery are figures rounded to the nearest thousandth except for Breast Reconstruction Neurotization (rounded to nearest hundredth).

\(^{(b)}\) See slides 9 and 10 for further details.

\(^{(c)}\) Includes factor of 1.22 nerves by procedure based upon data observed in the RANGER® registry.
## Trauma Total Addressable Market

### Patient Population\(^{(a)}\)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual emergency department visits in the U.S.</td>
<td>136,943,000</td>
</tr>
<tr>
<td>Annual emergency department visits due to injury in the U.S. (excluding 8,721,000 injuries that are unlikely to include a nerve injury)</td>
<td>30,238,000</td>
</tr>
<tr>
<td>Percentage of emergency department visits with nerve injury</td>
<td>4.76%</td>
</tr>
<tr>
<td>Annual emergency department visits with nerve injury in the U.S.</td>
<td>1,440,000</td>
</tr>
<tr>
<td>Percentage of ED nerve injuries estimated to be treated surgically</td>
<td>46.2%</td>
</tr>
<tr>
<td>Annual ED visits with nerve injury estimated to be treated surgically in the U.S., excluding revisions</td>
<td>~665,000</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Patient population figures rounded to the nearest thousandth.

### Source

- 2015 National Hospital Ambulatory Medical Care Survey (Table 1)
- 2015 National Hospital Ambulatory Medical Care Survey (Table 18)

### Adjustments and Rationale

- Adjusted from 38,959,000 to exclude 8,721,000 injuries that are unlikely to include a nerve injury (i.e., mental disorders, skin conditions, etc.).
- 2.8% rate cited in Noble, et al study excluded 113 patients coded with nerve injuries outside of the study scope, but that are in the AxoGen scope of nerve repair (brachial plexus and digital nerve injuries). Including these injuries increases the rate to 4.76%.
- Calculated rate based on various rates in Noble et al study for upper and lower extremity and an estimate for other trauma nerves.
### Trauma Total Addressable Market (Cont.)

<table>
<thead>
<tr>
<th>Patient Population&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Source</th>
<th>Adjustments and Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>~665,000</td>
<td>See calculation on previous slide</td>
<td>-</td>
</tr>
<tr>
<td>Annual emergency department visits with nerve injury that can be treated surgically in the U.S., excluding revisions</td>
<td>Portincasa et al: Microsurgery 27:455-462, 2007</td>
<td>Portincasa et al suggests that a revision procedure was necessary in 7.4% of the patients within 6 months of the initial surgery.</td>
</tr>
<tr>
<td>7.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revision cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>714,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual emergency department visits with nerve injury that can be treated surgically in the U.S., including revisions</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>~700,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company estimate of trauma total addressable market</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<sup>a</sup> Patient population figures rounded to the nearest thousandth.
## Traditional TRANSECTION Repair Options are Not Optimal

### SUTURE

Direct suture repair of no-gap injuries

- Common repair method
- May result in tension to the repair leading to ischemia
- Concentrates sutures at the coaptation site

### AUTOGRRAFT

Traditional “Gold Standard” despite several disadvantages

- Secondary surgery
- Loss of function and sensation at harvest site
- 27% complication rate including infection, wound healing and chronic pain\(^{19}\)
- Limited availability of graft length and diameter

### HOLLOW-TUBES

Convenient off the shelf option; limited efficacy and use

- Provides only gross direction for regrowth
- Limited to small gaps
- 34%-57% failure rate >5mm gaps\(^{20}\)
- Semi-rigid and opaque material limits use and visualization
- Repair reliant on fibrin clot formation
AxoGen Solutions for TRANSECTION Repair

Processed human nerve allograft for bridging nerve gaps

Clinically studied off-the-shelf alternative
  • A biologically active nerve therapy with more than ten years of comprehensive clinical evidence
  • 87% meaningful recovery in sensory, mixed and motor nerve gaps in multi-center study\textsuperscript{21}
  • Eliminates need for an additional surgical site and risks of donor nerve harvest\textsuperscript{21}
  • May reduce OR time

Structural support for regenerating axons
  • Cleansed and decellularized extracellular matrix (ECM)
  • Offers the benefits of human peripheral nerve micro-architecture and handling

Revascularizes and remolds into patient’s own tissue similar to autologous nerve\textsuperscript{22}

16 Size options in a variety of lengths (up to 70mm) and diameters (up to 5mm)

Only minimally processed porcine ECM for connector-assisted coaptation

Alternative to direct suture repair
  • May reduce surgery time by as much as 40\textsuperscript{23}
  • Reduces the risk of forced fascicular mismatch\textsuperscript{24}

Alleviates tension at critical zone of regeneration
  • Disperses tension across repair site \textsuperscript{25}
  • Moves suture inflammation away from coaptation face\textsuperscript{26,27}

Revascularizes and remolds into patient’s own tissue\textsuperscript{28, 29, 30, 31}
Traditional **COMPRESSION** Repair Options are Not Optimal

### VEIN WRAPPING

**Autologous vein**
- Barrier to attachment to surrounding tissue
- Requires extra time and skill to perform spiral wrapping technique
- Second surgery site

*Sotereanos DG, et al., Microsurgery 1995*

### HYPOTHENAR FAT PAD

**Autologous vascularized flap**
- Barrier to attachment to surrounding tissue
- Only wraps part of the nerve circumference
- Increases procedure time

### COLLAGEN WRAPS

**Off-the-shelf**
- Semi-rigid material limits use
- Degrades over time and does not provide a lasting barrier to soft tissue attachment

*Lippincott and Williams*
AxoGen Solutions for **COMPRESSION** Repair Offer Advantages

Minimally processed porcine extracellular matrix for wrapping and protecting injured peripheral nerve

- Protects repair site from surrounding tissue
  - Minimizes soft tissue attachments\(^{32}\)
  - Allows for diffusion of nutrients through the material\(^{28}\)
- Allows nerve gliding
  - Minimizes risk of entrapment\(^{32}\)
  - Creates a barrier between repair and surrounding tissue bed\(^{32}\)
  - ECM Revascularizes and remolds into patient’s own tissue\(^{28,33}\)
- Easy to use
  - Semi-translucent to allow visualization of underlying nerve
  - Conforms to nerve
AxoGen Proactive Solution for INFLAMMATION

Avive® Soft Tissue Membrane is minimally processed human umbilical cord membrane that may be used as a resorbable soft tissue covering to separate tissues and modulate inflammation in the surgical bed.

Smart processing to preserve the natural properties of the umbilical cord amniotic membrane

Designed with the Nerve Surgeon in Mind:
- Easy to handle, suture, or secure during a surgical procedure
- Up to 8x thicker than placental amniotic membrane alone\(^34\)
- Specifically designed as a soft tissue covering to modulate inflammation, and provide a longer resorption profile to separate the tissue layers for at least 16 weeks\(^35\)
AxoGen Surgical Solution Portfolio

<table>
<thead>
<tr>
<th>Proaction</th>
<th>Connection</th>
<th>Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVIVE®</td>
<td>Avance® Nerve Cuff</td>
<td>Nerve Connector</td>
</tr>
<tr>
<td>Transected Nerve (≥5mm)</td>
<td>Nerve Cuff</td>
<td>AxoGuard® Nerve Protector</td>
</tr>
<tr>
<td>Transected Nerve (≤5mm)</td>
<td>Nerve Cuff</td>
<td>AxoGuard® Nerve Protector</td>
</tr>
</tbody>
</table>

It's time to rethink nerve repair.
Avance IP and Regulatory Protection

Avance® Nerve Graft is processed and distributed in accordance with US FDA requirements for Human Cellular and Tissue-based Products (HCT/P).

Avance® Nerve Graft 2007

IP Protection to 2022 and beyond

New (non-biosimilar) Competitive BLA product estimated 8 years

Protection from potential biosimilars –12 years data exclusivity from BLA approval

AxoGen has Enforcement Discretion from FDA allowing continued sales under controls applicable to HCT/Ps with agreed transition plan to regulation as a Biologic Product under a Biologic License Application (BLA) if approved.
A new (non-biosimilar) competitive processed nerve allograft would need to complete clinical testing and obtain BLA approval prior to clinical release.

Avance® expected to be the reference product for the category of processed nerve allograft

Issued U.S. Patents

6972168  8986733
7402319  7851447
7732200  8758794
6696575  9996729

AxoGen has Enforcement Discretion from FDA allowing continued sales under controls applicable to HCT/Ps with agreed transition plan to regulation as a Biologic Product under a Biologic License Application (BLA) if approved.
A new (non-biosimilar) competitive processed nerve allograft would need to complete clinical testing and obtain BLA approval prior to clinical release.

Avance® expected to be the reference product for the category of processed nerve allograft
Market Development Strategy

- Build Market Awareness
- Educate Surgeons, Develop Advocates
- Grow Body of Clinical Evidence
- Execute Sales Plan
- Expand Product Pipeline & Applications

It's time to rethink nerve repair.™
Focus on Building Awareness Among Surgeons, Patients, and Investors

Participate in Clinical Conferences
- Exhibits, Podium presentations, KOL panels

Promote Awareness Among Patients
- AxoGen Patient Ambassador Program

 Garner Positive Media Attention
- National, Regional and Local Broadcast, Print and Online

It’s time to rethink nerve repair.™
Emphasis on Education

2017: 15 National Programs
2018: 18 National Programs
2019: 25 National Programs Expected

Expect to train three-quarters of hand and microsurgery Fellows in 2019

It's time to rethink nerve repair.™
Strong Commitment to Developing Clinical Evidence

66
Portfolio Peer-Reviewed Clinical Papers*

5

57

7

28

Oral and Maxillofacial

It’s time to rethink nerve repair.™

*Total number for the portfolio of surgical implant products. Certain publications contain data on multiple products. As of November 19, 2018
Strong Commitment to Developing Clinical Evidence

RANGER® Registry Study: Enrollment Ongoing
- The largest multi-center clinical study in peripheral nerve repair, over 1,600 Avance® nerve repairs enrolled to date
- Overall meaningful recovery rates of 84-87%; comparable to autograft outcomes without associated donor site comorbidities

MATCH Registry Study: Enrollment Ongoing
- Autograft and Synthetic Conduit outcomes

RECON Study: 168 of 170 Enrolled
- Prospective, randomized study of Avance® Nerve Graft controlled vs Synthetic conduits in digital injuries 5 to 25mm
- IND Pivotal Study to support BLA Submission
- Interim statistical analysis proceeding

SENSATION-NOW Registry Study: Enrollment Ongoing
- Multi-center clinical study in breast neurotization

REPOSE: Initiated
- AxoGuard® Nerve Cap RCT
Growing Body of Clinical Evidence

RANGER® Registry Data Presented on More than 400 UE Nerve Repairs (September 2018)

Consistent Recovery Year over Year
Over 400 Repairs

Supports Broader Adoption

RANGER® Registry Upper Extremity Outcomes Population

Sensory Nerves
n=325
Meaningful Recovery 87%

Return of Motor Function
n=45
Avance®: 50-85%
Historical Controls*
Conduit 8-43%
Autograft 51-80%

Long Gaps
n=91
Avance®: 65-81%
Historical Autograft*
Sensory 60-88%
Mixed 51-80%

*References on file: As reported, based on individual study parameters for acceptable recovery: M3-M5, S3-S4 by MRC Scale

It’s time to rethink nerve repair.™
Focused Sales Execution, Increasing Market Penetration

Sales Execution Focused on Driving Results
- Continue expansion thru driving penetration in active accounts and adding new active accounts
- 5,100 potential U.S. accounts performing nerve repair
- 712 Active accounts as of December 31, 2018

Expanded Sales Reach
- U.S. direct sales team
  - 60 direct sales professionals at end of 2017
  - 85 direct sales professionals at end of 2018
  - 115+ direct sales professionals by end of 2019
- Supplemented by independent agencies

It’s time to rethink nerve repair.™
Expand the Opportunity in Nerve Repair

- Market Expansion
- Future Market Development
- Core Business
- International Expansion
- Product Pipeline

It's time to rethink nerve repair™

AxoGen
Breast Neurotization
Loss of breast sensation affects QOL

OMF
Iatrogenic nerve injuries (dental implants, third molar extractions)
Mandible tumor resections
Affects eating, speaking, intimacy

Urology
Prostatectomy
Non nerve sparing procedures
Loss of erection, urinary incontinence and pain, affect QOL

Cardio Thoracic

OB/GYN

Head & Neck

Orthopedic

General Surgery

Vascular

Podiatry

Extremities (Trauma and Compression)
Acute trauma, revision carpal tunnel and cubital tunnel

It's time to rethink nerve repair.™
The Surgical Treatment of Pain
Focus on Neuroma Pain

• A neuroma is a tangled mass of disorganized nerve and fibrous tissue

• If not properly diagnosed and addressed, the management of these injuries may require long term pharmacologic treatment and pain management
Historical Management Options for Chronic Neuropathic Pain

- Pharmacological Agents
- Local Injections
- Neuromodulation
- RFA
- Pain Pumps
- Nerve Blocks
- Opioids
- Physical Therapy
- Epidural Injections
Drugs are Not the Answer for Neuropathic Pain

- Many modalities manage pain symptoms without addressing the anatomical cause
- Recent study\(^3\)\(^6\) shows Lyrica ineffective for chronic pain from traumatic nerve injury
- Study highlights high prevalence of postsurgical neuropathic pain
- Acknowledges significant need for non-opioid treatments in postsurgical syndromes

**Lyrica ineffective for chronic pain from traumatic nerve injury**

The drug effectively curbs pain immediately after surgery, and works against other forms of chronic pain, but researchers found it is no better than a placebo for traumatic nerve injury patients.

Roughly one-third of patients with chronic pain after surgery are believed to have neuropathic pain, or ongoing pain related to nerve injury, the study's writers noted.

"groundwork for future studies in these post-surgical syndromes where there is so much need for non-opioid treatments," Markman said.
We Estimate There are 20+ Potential Applications in Chronic Neuropathic Pain, with an Addressable Opportunity of $2.3B+

- **800,000 Procedures**
  - Post Trauma: $500M
  - Surgically Induced: $1,000M
  - Other Clinical Etiologies: $800M
Our Initial Focus Will be in Orthopedic and Trauma Applications

Addressable Opportunity: $2.3B
800,000 procedures

- Post Trauma
  - $500M

- Surgically Induced
  - $1,000M

- Other Clinical Etiologies
  - $800M

Initial focused applications: $1.1B
370,000 procedures

- Post Trauma
  - $500M

- Surgically Induced
  - $500M

- Other Clinical Etiologies
  - $100M

Nerve reconstruction applications:
- Trauma, orthopedic procedures, hernia, hysterectomy, C-section, laparoscopic procedures, meralgia paresthetica, CABG donor site, nerve tumor excision

Nerve Termination applications:
- Amputation, mastectomy, hernia, laparoscopic procedures, TKA, knee arthroscopy, Morton neuroma, wrist arthroscopy, CABG donor site

Nerve decompression applications:
- Post trauma compressions, occipital neuralgia, meralgia paresthetica

- Orthopedic procedures including THA, TKA, Knee arthroscopy, Morton neuroma, Foot and Ankle procedures, wrist arthroscopy, nerve tumors
- Post traumatic pain including amputation
Creating Surgical Solutions for Chronic Neuropathic Pain

Objectives

- Develop Business model: Create the most efficient model for clinicians and AxoGen
- Generate and publish clinical evidence: Build evidence with defined algorithm in selected applications
- Build a physician referral pathway: Establish the surgical treatment of pain as a valid treatment option
- Build Market awareness: Gain awareness of the surgical treatment of pain as a viable option

Examples of initiatives

- Establish pilot referral pathways with three reference centers
- Standardize algorithm for patient selection
- Initiate a pain registry
- Enroll REPOSE™ – AxoGuard® Nerve Cap RCT
- Initiate RCT on neuroma treatment
- Educate physician referral base through podium presentation and papers across disciplines
- Add Medical Science Liaisons to educate referral community
- Expand our KOL advisory board
- Pilot patient awareness program

It’s time to rethink nerve repair.™
AxoGuard® Nerve Cap for Neuroma Pain

- Completed clinical evaluation and user preference study
- Initiated a randomized controlled study of neuroma revision
- Commercial launch in 2nd half of 2019

- US FDA Clearance – K163446
  - Indicated to protect a peripheral nerve end and separate the nerve from the surrounding environment to reduce the development of symptomatic or painful neuroma
Delivering Strong Consistent Revenue Growth & Gross Margin

U.S. $ in millions

**Annual Revenue**

49% CAGR
6 Years of Double Digit Growth

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$10.9</td>
</tr>
<tr>
<td>2014</td>
<td>$16.8</td>
</tr>
<tr>
<td>2015</td>
<td>$27.3</td>
</tr>
<tr>
<td>2016</td>
<td>$41.1</td>
</tr>
<tr>
<td>2017</td>
<td>$60.4</td>
</tr>
<tr>
<td>2018</td>
<td>$83.9</td>
</tr>
</tbody>
</table>

**Q4 Revenue**

38% Growth

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Revenue in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2017</td>
<td>$17.0</td>
</tr>
<tr>
<td>Q4 2018</td>
<td>$23.4</td>
</tr>
</tbody>
</table>

84.7% Gross Margin for the quarter ended September 30, 2018

a) Unaudited estimate of 2018 year-end and fourth quarter revenue.
## Balance Sheet and Capital Structure

### Balance Sheet Highlights

<table>
<thead>
<tr>
<th>Description</th>
<th>September 30, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, Cash Equivalents, and Investments</td>
<td>$126.4 Million</td>
</tr>
<tr>
<td>Total Bank Debt</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Capital Structure (shares)

<table>
<thead>
<tr>
<th>Description</th>
<th>September 30, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>38,672,216</td>
</tr>
<tr>
<td>Common Stock Options, RSUs, PSUs</td>
<td>4,357,670</td>
</tr>
<tr>
<td>Common Stock and Common Stock Equivalents</td>
<td>43,029,886</td>
</tr>
</tbody>
</table>
Building for Long-term Sustainable Growth
Breadth and Depth of Talent

Karen Zaderej, MBA
Chairman, CEO, & President
J&J (Ethicon)

Peter Mariani
Chief Financial Officer
Lensar, Hansen, Guidant

Greg Freitag, JD, CPA
General Counsel
Pfizer, Guidant

Jon Gingrich
Chief Commercial Officer
Hologic, Boston Scientific

Maria Martinez
Chief Human Resources Officer
HSNi, Bausch + Lomb

Isabelle Billet
Chief Strategy & Business Development Officer
J&J, C.R. Bard, Cardinal

Greg Freitag, JD, CPA
General Counsel
Pfizer, Guidant

Christopher Crisman
VP, U.S. Sales
Boston Scientific, Edwards

Erick DeVinney
VP, Clinical & Translational Sciences
Angiotech, PRA Intl

Mike Donovan
VP, Operations
Zimmer

Ivica Ducic, M.D., Ph.D.
Medical Director
Washington Nerve Institute

Stacy Arnold
VP, Program Management
CryoLife

Gregory Davault
VP of Marketing
Ekso Bionics, Given Imaging

Erick DeVinney
VP, Clinical & Translational Sciences
Angiotech, PRA Intl

Mike Donovan
VP, Operations
Zimmer

Ivica Ducic, M.D., Ph.D.
Medical Director
Washington Nerve Institute

David Hansen
VP, Finance and Treasurer
Perma-Fix, Kraft

Kaila Krum
VP, Investor Relations & Corporate Development
William Blair

Angelo Scopelianos, Ph.D.
VP, Research & Development
J&J

It's time to rethink nerve repair.
Infrastructure to Support Long-term Scale

AxoGen Processing Center
*Dayton, OH*

AxoGen Second Corporate Campus
*Tampa, FL*
Foundation for Long-term Sustainable Growth

- Exclusively focused in nerve repair across an expanding set of applications
- Differentiated platform for nerve repair, anchored with Avance® Nerve Graft, a biologically active nerve therapy
- 10+ years of demonstrated clinical consistency and meaningful recovery outcomes
- Avance® RMAT designation highlights strength of clinical evidence and the unmet medical need for improved therapies to treat nerve injuries
- Converting experienced surgeons while training the next generation on best practices
- Leadership team with depth and breadth of expertise
NASDAQ: AXGN

Russell 2000 Index: June 2016
DecisionWise Intl Employee Engagement Best Practices Award Winner: 2018
Footnotes

1. National Hospital Ambulatory Medical Care Survey: 2015 Emergency Department Summary Tables – Table 18
5. Medicare_National_HCPS_Aggregate_Summary_Table_CY2016.xls
15. Miloro ed. 2012: Text Book on trigeminal nerve injuries
27. Data on file at AxoGen
28. Data on file at AxoGen
29. Data on file at AxoGen
30. Data on file at AxoGen
31. Data on file at AxoGen
32. Data on file at AxoGen
33. Data on file at AxoGen
34. Data on file at AxoGen
35. Data on file at AxoGen