FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response | 0.5 | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | |
|--|-------------|--------------------------------------|-----------------------|---|--|--------|--|---------------------------|---------------------------------|--|---|---|-------------------------|---|---|-----------------------|
| 1. Name and Address of Reporting Person * Taylor Brenton | | | | 2. Issuer Name and Ticker or Trading Symbol Inogen Inc [INGN] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) 326 BOLLAY DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015 | | | | | | X | Director10% Owner | | | | | |
| (Street) | | | | | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person | | | | |
| GOLETA, CA 93117 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (Cit | y) | (State) | | (Zip) | | | Tab | ole I - | Non-Deriva | tive Securities | s Acquirec | l, Dispose | d of, or Ben | eficially Owi | 1ed | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | Execution Date, if Co | | | 8) (A) | Securities Acq) or Disposed of str. 3, 4 and 5) | of (D) Ow Tra | | | | Ownership Form: | Beneficial Ownership | | | |
| Reminder: | Report on a | separate line | for eacl | | Derivativ | e Se | ecurities | Acqı | Persons containe form dis | y. s who responded in this for splays a currected of, or Benovertible security. | m are no ently val | t required id OMB c | d to respo | nd unless tl | | 474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day | | 3A. Deemed Execution Date, i | 4. 5 if Transaction Code Interpretation (Instr. 8) S | | 5. Num | nber tive ies ed | 6. Date Exe Expiration I | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | nd of ng s nd 4) | | of 9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Owners Form of Derivati Security Direct (I or Indire | Ownersh (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$ 38.54 | 05/15/20 |)15 | | A | | 62,500 | 0 | (1) | 05/15/2022 | Commo Stock | n 62,500 | \$ 0 | 62,500 | D | |
| Repoi | rting O | wners | | | | | | | | | | | | | | |
| | | | | Rela | ationships | | | | | | | | | | | |
| Reporting | Owner Nar | ne / Address | Direc | | Officer | | | Otl | her | | | | | | | |
| Taylor Brenton 326 BOLLAY DRIVE GOLETA, CA 93117 | | EVP, Engineering | | g | | | | | | | | | | | | |
| Signa | tures | | | | | | | | | | | | | | | |

| /s/ Alison Bauerlein, as Attorney-in-Fact | 05/18/2015 |
|---|------------|
| **Signature of Reporting Person | Date |

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).
- Subject to the reporting person's continuing service, twenty-five percent (25%) of the shares subject to the option shall vest and become exercisable on the one year anniversary of (1) the vesting commencement date, and thereafter, one forty-eighth (1/48th) of the total shares subject to the option shall vest each month on the same day as the vesting commencement date. The vesting commencement date for this option is May 1, 2015.

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.