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

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

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#### 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 of Type Responses)										
1. Name and Address of Reporting Pe GREER R SCOTT	2. Issuer Name <b>and</b> Ticker or Trading Symbol Inogen Inc [INGN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) C/O INOGEN, INC., 326 BOLI	ATTENT	3. Date of Earliest Transaction (Month/Day/Year) 08/24/2015						Officer (give title below)O	ther (specify bel	ow)
(Street) GOLETA, CA 93117	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 Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code		(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership of Ind	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	1

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	nber	6. Date Exer	cisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration <b>D</b>	Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	tive	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Securities				Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired		(Instr. 3 and 4)		Owned	Security:	(Instr. 4)			
	Security					(A) or						Following	Direct (D)		
						Dispos	ed					1	or Indirect		
						of (D)							Transaction(s)		
						(Instr. 3, 4,					(Instr. 4)	(Instr. 4)			
						and 5)	-								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
									Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common					
(right to	\$ 46.66	08/24/2015		A		6,666		(1)	08/23/2022	Stock	6,666	\$ 0	6,666	D	
										STOCK					
buy)															

### **Reporting Owners**

Demontine Original News (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GREER R SCOTT C/O INOGEN, INC. 326 BOLLAY DRIVE GOLETA, CA 93117	Х						

## Signatures

/s/ Alison Bauerlein, as Attorney-in-Fact	08/26/2015
**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).
- (1) Subject to the reporting person's continuing service, 1/24th of the shares subject to the option shall vest each month following the vesting commencement date. The vesting commencement date for this option is August 3, 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.