FORM 4

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
houre per reenonce	0.5						

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

	pe Response		*		2 Jeens	Nama	and T	icke.	r or Trading	g Symbol	5	Relationsh	in of Report	ing Person(s) t	o Issuer	
Name and Address of Reporting Person Wilkinson Scott					2. Issuer Name and Ticker or Trading Symbol Inogen Inc [INGN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) President and COO 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person				
AAC DOLL AND DIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/12/2016											
GOLETA, CA 93117					4. If Amendment, Date Original Filed(Month/Day/Year)											
												Form filed by More than One Reporting Person				
		(State)		(Zip)						ative Securities		•				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution Date, if		if Co (In	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		Owned Following Reported Transaction(s) (Instr. 3 and 4)			orm: B irect (D) O	Nature f Indirect geneficial wnership (nstr. 4)		
Reminder:	Report on a	separate line t	for each	class of securitie					Person contain form d	etly. ns who responded in this for isplays a currosed of, or Benderick	rm are n rently va	ot require ilid OMB o	d to respo	nd unless th		174 (9-02)
	1					, calls,	warra	nts,	options, co	onvertible secur	rities)				•	
1. Title of Derivative Security (Instr. 3)	2. 3. Transactic Conversion Date or Exercise (Month/Day Price of Derivative Security		Year)	Execution Date,		if Transaction of Code D (Instr. 8) So A (A D D (Instr. 8) C C C C C C C C C C C C C C C C C C			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 44.19	05/12/20	016		A	8:	5,000		<u>(1)</u>	05/11/2023	Comm	185 000	\$ 0	85,000	D	
Repor	ting O	wners														
Reporting	Owner Nan	ne / Address		Rel	lationships											
Reporting Owner Name / Address Director 10% Owner Wilkinson Scott 326 BOLLAY DRIVE GOLETA, CA 93117			or 10% Owner	Officer President and COO				ther								

Signatures

/s/ Alison Bauerlein, as Attorney-in-Fact	05/13/2016
**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 the vesting commencement date, and thereafter, one forty-eighth (1/48th) of the shares subject to the option shall vest each month on the same day as the vesting commencement date, such that the shares subject to the option shall become fully vested and exercisable on the fourth (4th anniversary of the vesting commencement date. The vesting commencement date for this option is May 1, 2016.

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.