# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per response	e 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

Name and Address of Reporting Person  Anderson Ray Benjamin M				2. Issuer Name and Ticker or Trading Symbol Inogen Inc [INGN]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  X Director 10% Owner						
C/O INO	*	., 326 BOLL	OLLAY DRIVE  3. Date of Earliest Transaction (Month/Day 12/27/2017				y/Year)			r (give title belo	w)	Other (specify	pelow)		
(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 PersonForm filed by More than One Reporting Person						
(City	7)	(State)	(Zip)	,	Table 1	I - Non-	Deriv	ative S	ecurities .	Acqui	red, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		on 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	ed 5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)		ollowing	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
						Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		12/27/2017			G	V	380	D	\$ 0	4,516			I	See Footnote
Reminder: indirectly.	Report on a	separate line fo	or each class of secu			] 	Personta conta	ons wh ained in	n this for splays a	rm ar curre	e not req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
				erivative Secu e.g., puts, calls,											
Security	Conversion	on Date (Month/Day/Year) Execution any (Month/I	Year) Execution Da	4. Transaction Code (Instr. 8)		of and		Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownership (Instr. 4)
													(Instr. 4)	(Instr. 4	ect

#### **Reporting Owners**

Describer Occurs Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Anderson Ray Benjamin M C/O INOGEN, INC. 326 BOLLAY DRIVE GOLETA, CA 93117	X					

### **Signatures**

/s/ Alison Bauerlein, as Attorney-in-Fact	12/29/2017
**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) Shares held of record by the Benjamin M. Anderson-Ray Revocable Living Trust (the "Trust"), of which the reporting person and his spouse are the trustees and beneficiaries. The reporting person has shared voting and investment power with respect to the shares held of record by the Trust.

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.