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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
nours per respon	se 0.5					

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)													
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					
(Last) (First) (Middle) C/O INOGEN, INC., 326 BOLLAY DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/10/2018						•		give title belo		Other (specify b	elow)	
(Street)				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				
GOLETA, CA 93117 (City) (State) (Zip)					Tab	la I. Nam	Danis								
1 Title of S	lagurity		Table 1 - Non-Derivative Securities Acquired, Disposed of, of Beneficiary Owned					7. Nature							
1.Title of Security (Instr. 3)			Date (Month/Day/Year)	Execution Date, if		f Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following	Form: Direct (D)	of Indirect Beneficial Ownership
						Code	V	Amour	(A) or (D)	Price	ce		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		05/10/2018			A		989 <mark>(1</mark>	<u>)</u> A	\$ 0	989			D	
Common	Stock										4,516			I	See Footnote
Reminder: indirectly.	Report on a	separate line fo	or each class of secu	ırities t	beneficially o		Perso conta	ons wh	n this fo	m are	e not req	uired to re	formation spond unl	ess	EC 1474 (9- 02)
					tive Securitie its, calls, wai						lly Owned				
1. Title of		3. Transaction		4- :6 7		5. Number					itle and		9. Number		11. Nature
Security (Instr. 3)	Conversion Date or Exercise Price of Derivative Security		Year) any	Year) (Instr. 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date nth/Day/Year)		Und Secu	Amount of Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Form of Derivati Security Direct (I or Indirect	Ownership (Instr. 4)
					Code V	(A) (D)	Date Exer	cisable	Expiration Date	n Title	Amount or Number of Shares				
Repor	ting O	wners													

D # 0 N /411	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Anderson Ray Benjamin M							
C/O INOGEN, INC.	X						
326 BOLLAY DRIVE	Λ						
GOLETA, CA 93117							

Signatures

/s/ Alison Bauerlein, as Attorney-in-Fact	05/11/2018
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).
- The reported shares were acquired pursuant to a restricted stock unit award, which shall vest on the earlier of (i) the one-year anniversary of the date of grant, or (ii) the (1) day prior to the date of the Annual Meeting of the Issuer's stockholders next following the date of grant, in each case, subject to the reporting person continuing to be a service provider through the applicable vesting date.

(2) 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.