FORM 4

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

| OMB APPRO | VAL | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| nours 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 *- Rider Heather D. | | | | 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) 08/15/2014 | | | | | | | | ve title below) | | her (specify below |) | |
| (Street) | | | | | | | | | | | 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) | | | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if | | | 3. Transaction Code (Instr. 8) | | Securities Acc | quired of (D) Ow Tra | 5. Amount of Securities B O) Owned Following Reporte Transaction(s) (Instr. 3 and 4) | | Beneficially ted | 6. 7 Ownership Form: B | Seneficial Ownership | | |
| Reminder: | Report on a | separate line for ea | | Derivative | e Se | curities | Acq | Person contain form di uired, Dispo | s who responded in this for splays a cure of, or Benniertible security. | rm are not rently vali neficially O | t require d OMB o | d to respo | nd unless | | 174 (9-02) | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year | 3A. Deemed Execution Date, i | Code | | of | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | (Instr. 4) | |
| | | | | Code | V | | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$ 18.93 | 08/15/2014 | | A | | 2,222 | 2 | (1) | 08/15/2024 | Common Stock | 2,222 | \$ 0 | 2,222 | D | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

| Donostino Orano Nono / Adduses | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Rider Heather D. C/O INOGEN, INC. 326 BOLLAY DRIVE GOLETA, CA 93117 | X | | | | | | |

Signatures

| /s/ Alison Bauerlein, as Attorney-in-Fact | 08/15/2014 |
|---|------------|
| 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, one twenty-fourth (1/24th) of the shares subject to the option shall vest each month on the same day as the vesting (1) commencement date, such that the shares subject to the option shall become fully vested and exercisable on the second (2nd) anniversary of the vesting commencement date. The vesting commencement date for this option is August 15, 2014.

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.