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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 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

| (Fint of Type Responses)                                    |                                                                         |                    |             |            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                      |                                                |                         |
|-------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|-------------|------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------|-------------------------|
| 1. Name and Address of Reporting Person<br>Bauerlein Alison | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Inogen Inc [INGN] |                    |             |            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Owner |                                      |                                                |                         |
| (Last) (First)<br>C/O INOGEN, INC., 326 BOLLA               | 3. Date of Earliest Transaction (Month/Day/Year)<br>02/28/2020          |                    |             |            |                        | X_Officer (give title below)Other (specify below)Oth |                                                                                                  |                                      |                                                |                         |
| (Street)<br>GOLETA, CA 93117                                | 4. If Amendment, Date Original Filed(Month/Day/Year)                    |                    |             |            |                        | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                      |                                                |                         |
| (City) (State)                                              | Т                                                                       | able I - No        | n-De        | rivative S | ecuritie               | s Acqu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ired, Disposed of, or Beneficially Ow                                                            | ned                                  |                                                |                         |
| 1.Title of Security                                         | 2. Transaction                                                          | 2A. Deemed         | 3. Transact | ion        | 4. Securi              | ties Acqu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uired                                                                                            | 5. Amount of Securities Beneficially | 6.                                             | 7. Nature               |
| (Instr. 3) Date                                             |                                                                         | Execution Date, if | Code        |            | (A) or Disposed of (D) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of(D)                                                                                            | Owned Following Reported             | Ownership                                      | of Indirect             |
| (Month/Day/Year                                             |                                                                         |                    | (Instr. 8)  |            | (Instr. 3, 4 and 5)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  | Transaction(s)                       | Form:                                          | Beneficial              |
|                                                             |                                                                         | (Month/Day/Year)   | Code        | V          | Amount                 | (A) or<br>(D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Price                                                                                            |                                      | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Ownership<br>(Instr. 4) |

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<br>Derivative                                      | 2.<br>Conversion       | 3. Transaction<br>Date | 3A. Deemed<br>Execution Date, if | 4.<br>Transact |   |                   | 6. Date Exercisable<br>and Expiration Date |                     | 7. Title and Amount<br>of Underlying |                 | 8. Price of<br>Derivative    |          | 10.<br>Ownership | 11. Nature of Indirect  |            |
| Security                                                       | or Exercise            | (Month/Day/Year)       |                                  | Code           |   | Derivat           |                                            | (Month/Day          |                                      | Securities      | 0                            | Security |                  | •                       | Beneficial |
| (Instr. 3)                                                     | Price of               |                        | (Month/Day/Year)                 | (Instr. 8)     |   | Securiti          |                                            |                     | (Instr. 3 and 4) (Inst               |                 | · /                          | 2        |                  | Ownership               |            |
|                                                                | Derivative<br>Security |                        |                                  |                |   | Acquire<br>(A) or | ed                                         |                     |                                      |                 |                              |          |                  | Security:<br>Direct (D) | (Instr. 4) |
|                                                                | Security               |                        |                                  |                |   | Dispose           | d                                          |                     |                                      |                 |                              |          | 0                | or Indirect             |            |
|                                                                |                        |                        |                                  |                |   | of (D)            |                                            |                     |                                      |                 |                              |          | Transaction(s)   |                         |            |
|                                                                |                        |                        |                                  |                |   | (Instr. 3         | , 4,                                       |                     |                                      |                 |                              |          | (Instr. 4)       | (Instr. 4)              |            |
|                                                                |                        |                        |                                  |                |   | and 5)            |                                            |                     |                                      |                 |                              |          |                  |                         |            |
|                                                                |                        |                        |                                  |                |   |                   |                                            | Date<br>Exercisable | Expiration<br>Date                   | Title           | Amount<br>or<br>Number<br>of |          |                  |                         |            |
|                                                                |                        |                        |                                  | Code           | V | (A)               | (D)                                        |                     |                                      |                 | Shares                       |          |                  |                         |            |
| Restricted<br>Stock<br>Unit                                    | (1)                    | 02/28/2020             |                                  | А              |   | 8,737             |                                            | <u>(2)</u>          | (2)                                  | Common<br>Stock | 8,737                        | \$ 0     | 8,737            | D                       |            |

## **Reporting Owners**

|                                                                              | Relationships |              |                     |       |  |  |  |  |  |
|------------------------------------------------------------------------------|---------------|--------------|---------------------|-------|--|--|--|--|--|
| Reporting Owner Name /<br>Address                                            | Director      | 10%<br>Owner | Officer             | Other |  |  |  |  |  |
| Bauerlein Alison<br>C/O INOGEN, INC.<br>326 BOLLAY DRIVE<br>GOLETA, CA 93117 |               |              | EVP, Finance, & CFO |       |  |  |  |  |  |

### Signatures

| /s/ Alison Bauerlein          | 05/21/2020 |  |
|-------------------------------|------------|--|
| 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) Each restricted stock unit represents a contingent right to receive one share of Inogen common stock.

(2) 25% of the restricted stock units shall vest on March 1, 2021, and 1/16th of the restricted stock units shall vest every three months thereafter on the 1st day of the month.

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.