FORM 4	4
--------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

1. Name and Address of Sanford Bart Ben	2. Issuer Name and Ticker or Trading Symbol Inogen Inc [INGN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) C/O INOGEN, IN	3. Date of Earliest Transaction (Month/Day/Year) 09/01/2020					X Officer (give title below) Other (specify below) EVP, Operations						
(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 Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Ta	Table I - Non-Derivative Securities Acquired, Disposed of, or Ben						neficially Owned		
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)	tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D) Price		(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		09/01/2020		F		36 <u>(1)</u>	D	\$ 28.94	4,461	D		
Common Stock		09/01/2020		F		81 <u>(1)</u>	D	\$ 28.94	4,380	D		

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 - Der	ivative	Securitie	s Acquired	, Disposed of	, or Benefic	ially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n N	umbe	r	and Expiration	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	erivat	ive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Se	ecuriti	ies			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Α	cquire	ed			4)			Following	Direct (D)	
					(A	A) or							Reported	or Indirect	
					D	ispose	ed						Transaction(s)	(I)	
					of	f (D)							(Instr. 4)	(Instr. 4)	
						nstr. 3									
					4,	and 5	5)								
											Amount				
								Date	Emination		or				
								Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	/ (/	A) (D)				Shares				

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Sanford Bart Ben C/O INOGEN, INC. 326 BOLLAY DRIVE GOLETA, CA 93117			EVP, Operations						

Signatures

/s/ Alison Bauerlein, as Attorney-in-Fact	09/02/2020
**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) The reported shares were withheld to cover the Reporting Person's tax withholding liability in connection with a portion of a time-based restricted stock award that vested on September 1, 2020.

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.