FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours 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	s)																	
1. Name and Address of Reporting Person* Anderson Ray Benjamin M					2. Issuer Name and Ticker or Trading Symbol Inogen Inc [INGN]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director 10% Owner						
(Last) (First) (Middle) C/O INOGEN, INC., 301 COROMAR DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 03/03/2022							-	Office	r (give title belo	w)	Other (spec	fy belo	w)	
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
GOLETA, CA 93117 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						Acquir	ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Trans Date (Month/	h/Day/Year)	any	ition Date, if	Code (Instr. 8)		tion	(A) or Disposed of (D (Instr. 3, 4 and 5)			Beneficially Owned Fol Reported Transaction(s)		Following	Form:	ip of Be	7. Nature of Indirect Beneficial Ownership		
					(Mont	h/Day/Year)	Со	de	V	Amount	(A) or (D)	Pr	rice	(Instr. 3 and 4)			Direct (I or Indire (I) (Instr. 4)	Indirect (Inst	
Common	Stock													10,775			D		
Common Stock 03/03/202		3/2022			S			4,516	D	\$ 34.6809 (1)		0			I		Trust (2)		
Reminder:	Report on a s	separate line	for each	class of secu	rities l	peneficially of	owned	direc	-		-	none	d to th	as solled	ction of inf	ormation	CI	C 14'	74 (9-02)
									cor	ntained i	n this	form	n are	not requ	ired to res	pond unle	ss	C 14	74 (9-02)
				Table II -		ative Securi								y Owned					
Security	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day		3A. Deemed Execution D any (Month/Day.	ate, if	4. Transaction Code	5.	ber vative rities nired or osed 0)	and Expiration Date (Month/Day/Year) A U S (I		7. Titi Amou Under Secur	rlying ities . 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Own Form Deriv Secu Direct or In	rative rity: t (D) lirect	Beneficia Ownershi (Instr. 4)		
						Code V	(A)	(D)	Da Ex	te ercisable	Expir Date	ration	Title	Amount or Number of Shares					

Reporting Owners

D 4 0 V (Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Anderson Ray Benjamin M C/O INOGEN, INC. 301 COROMAR DRIVE GOLETA, CA 93117	X						

Signatures

/s/ Leslyn Cicekli, as Attorney-in-Fact	03/07/2022			
**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).
- Represents the weighted average share price of an aggregate total of 4,516 shares sold in the price range of \$34.30 to \$35.06 by the reporting person. The reporting person (1) undertakes to provide upon request by the Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- (2) Shares sold by the Benjamin M. Anderson-Ray Revocable Living Trust (the "Trust"), a trust for the benefit of the Reporting Person and his spouse, and for which the Reporting Person has shared voting and investment power with respect to the shares held 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.