

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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 Reporting Person* <u>Birchview Capital, LP</u> <hr/> (Last) (First) (Middle) 688 PINE STREET, SUITE D <hr/> (Street) BURLINGTON VT 05401 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/05/2021	3. Issuer Name and Ticker or Trading Symbol <u>AZIYO BIOLOGICS, INC. [AZYO]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	1,417,923	I	See footnotes ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Birchview Capital, LP

 (Last) (First) (Middle)
 688 PINE STREET, SUITE D

 (Street)
 BURLINGTON VT 05401

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Birchview Fund LLC

 (Last) (First) (Middle)
 688 PINE STREET, SUITE D

 (Street)
 BURLINGTON VT 05401

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Strobeck Matthew

 (Last) (First) (Middle)

688 PINE STREET, SUITE D

(Street)

BURLINGTON VT

05401

(City)

(State)

(Zip)

Explanation of Responses:

1. Matthew Strobeck is the Managing Member of Birchview Capital GP, LLC, who is the General Partner of Birchview Capital, LP. Matthew Strobeck is the Managing Member of Birchview Partners LLC, who is the Manager of Birchview Fund, LLC ("the Fund"). Birchview Capital, LP is the investment manager of Birchview Fund, LLC.
2. Birchview Fund, LLC acquired 1,134,905 of the shares. Matthew Strobeck personally acquired 165,094 of the shares and acquired an additional 117,924 of the shares in custodial accounts in his name (the "Strobeck Shares").
3. Of the Strobeck Shares, all 283,018 of the Strobeck Shares were held in separately managed accounts ("SMA") for which Birchview Capital, LP provided investment advice.
4. As the investment manager of the Fund, Birchview Capital, LP possesses the power to vote and dispose or direct the disposition of all the 1,134,905 shares held by the Fund.

Birchview Capital, LP By:

/s/ Matthew Strobeck

Matthew Strobeck,

Managing Member of

02/13/2023

Birchview Capital GP,

LLC, General Partner of

Birchview Capital, LP

Birchview Fund LLC By:

/s/ Matthew Strobeck

Matthew Strobeck,

Managing Member of

02/13/2023

Birchview Partners LLC,

Manager of Birchview

Fund LLC

/s/ Matthew Strobeck

Matthew Strobeck

02/13/2023

** Signature of Reporting
Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.