FORM 3

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

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	or Section 30(h) of the Investment Company Act of 1940											
Name and Address of Reporting Person*     Montecalvo Antonio S.				2. Date of Event Requiring Statement (Month/Day/Year) 12/10/2018			3. Issuer Name and Ticker or Trading Symbol Organogenesis Holdings Inc. [ ORGO ]					
(Last) C/O ORGANOGENE	(First) SIS HOLDINGS INC.	(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
85 DAN ROAD (Street)					х	Officer (give title below)  VP Health Policy & Con	Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person			
CANTON	MA	02021					·			Form filed by Mo	re than One Reporting Person	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
					2. Amount o (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		. Nature of Indirect Beneficial Ownership (Instr. 5)			
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 Deriv (Instr. 4)		4. Conversion Exercise Prior of Derivative Security		or 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Expiration Date		Title		Amount or Number of Shares	Security			
Cymlenetics of Decreases												

Remarks:

No securities are beneficially owned.

<u>/s/ Stacie S. Aarestad, Attorney-in-Fact</u>
\*\* Signature of Reporting Person

12/12/2018

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.

## POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that the undersigned hereby authorizes Lori Freedman, William R. Kolb and Stacie S. Aarestad, each acting singly, to execute and cau This Power of Attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to the foregoing attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 10th day of December, 2018.

/s/ Antonio S. Montecalvo
Name: Antonio S. Montecalvo