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 Estimated average burden

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											hours per res	ponse:	0.5
1. Name and Addres <u>Ades Maurice</u>	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 ORGANOC 85 DAN ROAD	C/O ORGANOGENESIS HOLDINGS INC. 5 DAN ROAD				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Officer (give title below)		10% Owner Other (specify below)			5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) CANTON										2	X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)											
				Table	I - Non-De	erivative	Securities Beneficially Owned	ł					
1. Title of Security (Instr. 4)					2. Amount (Instr. 4)	of Securities Beneficially Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Natu	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
							curities Beneficially Owned options, convertible securiti	es)					
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Der (Instr. 4)		rivative Security	Exercis of Deriv	ative	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficia Ownership (Instr. 5)	al
				ate xercisable	Expiration Date	Title		Amount or Number of Shares	Security	/			

Explanation of Responses: 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/ Maurice Ades

Name: Maurice Ades