FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	. OWNERSHIP

ı	UNID APPRO	VAL
	OMB Number:	3235-0287
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l	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).

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

					01	ı occi	1011 30(11)	or tite	iiivesiiieiii	Con	ipariy Act	. 01 1340								
Name and Address of Reporting Person* Adawi Kamal				2. Issuer Name and Ticker or Trading Symbol EXAGEN INC. [XGN]									Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Audwi Kalilai															Director			10% Ow		
,					-									X	Officer (below)	give title		Other (sp	pecify	
(Last)	(Fir	st)	(Middle)					Transa	action (Mor	ith/D	ay/Year)				Chief Financial Officer					
C/O EXAGEN INC.					01/09/2020								Chief Financial Officer							
1261 LIB	ERTY WAY	SHITE C																		
1201 212		., 55112 5			4. 1	f Ame	ndment. [Date of	f Original F	iled (Month/Da	av/Year)		6. Ind	vidual or Jo	int/Group	Filina (Check Appl	icable	
(Street)							,		3			, ,		Line)			3 .			
VISTA	CA		92081											X	Form file	ed by One	Repor	ting Person		
VISIA	C.F	1	32001													ed by More	than	One Reporti	ing	
,															Person					
(City)	(Sta	ate)	(Zip)																	
		Tal	hle I - Nor	n-Deriv	/ativ	<u> </u>	curitie	s Ac	nuired I	Dier	nnsed (of, or Ben	efic	ially	Owned					
			010 1 - 1401							7136					1					
1. Title of S	ecurity (Instr	. 3)		2. Transa Date	action		2A. Deem Execution		3. 4. Securit		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		or 5. Amount and 5) Securities					7. Nature of ndirect		
				(Month/	(Month/Day/Year)		if any (Month/Day/Yea		Code (Ir			, ,		,	Beneficial Owned Fo	ly	(D) or (I) (Ins		Beneficial Ownership	
									ar) 8)				Reported			(i) (ins		(Instr. 4)		
									Code	v	Amount	(A) or (D)	Pri	ce	Transactio					
															<u> </u>	/				
												, or Benef			wned					
				(e.g., p	outs,	, call	s, warr	ants	, option	s, c	onverti	ble secur	ities	5)						
1. Title of	2.	3. Transaction	3A. Deemed				5. Numb	er	6. Date Exe	rcisa	ble and	7. Title and A			8. Price of	9. Numbe		10.	11. Nature	
Derivative Conversi Security or Exerci					Transaction Code (Instr.				Expiration Date (Month/Day/Year) Securities Under Derivative Secur (Instr. 3 and 4)					Derivative Security	derivative Securities		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/Year)					Securities		es					'y	(Instr. 5)	Beneficia		Ownership (Instr. 4)				
Derivative Security							Acquired (A) or								Owned Following			,		
					Disposed									Reported	(., (
					of (D) (Instr. 3, 4 and 5)									Transacti (Instr. 4)	on(s)					
		—			 		Т				ΙΔm	ount		[´						
													or							
									Date		piration		Nur	nber						
				c	ode	v	(A)		Exercisable		ite	Title		ares						
Stock												Stock								
Option(right	\$24.19	01/09/2020			Α		52,500		(1)	01	/08/2030	Option(right	52,	,500	\$ <mark>0</mark>	52,50	0	D		

Explanation of Responses:

1. The option is exercisable as it vests. 25% of the shares subject to the option vest on January 1, 2021, and 1/48th of the total number of shares subject to the option vest monthly thereafter, subject to the Reporting Person's continued service to the Issuer through each such vesting date.

Remarks:

/s/ Kamal Adawi

01/09/2020

** 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 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).

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.