FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	STATEMENT OF CHANGES IN BENEFICIAL OWN
Instruction 1(b).	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* Zack Debra					2. Issuer Name and Ticker or Trading Symbol EXAGEN INC. [XGN]									ck all applic Directo	ationship of Reportin k all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (spec	
(Last) (First) (Middle) C/O EXAGEN INC. 1261 LIBERTY WAY					3. Date of Earliest Transaction (Month/Day/Year) 02/23/2021									below) below) Chief Medical Officer				
(Street) VISTA CA 92081 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic							Line)	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
									DIS		-			_				
Date				th/Day/Year) it		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securit Disposed Code (Instr. 8)					5. Amour Securities Beneficia Owned For Reported	s Illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A (D	A) or D)	Price	Transaction(s) (Instr. 3 and 4)				,iii3ü. 4)
Common Stock ⁽¹⁾ 02/23				02/23/20	3/2021		A		37,500	37,500 A		\$0	37,500(2)			D		
		Т	able II - De (e.							osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Cod	nsaction le (Instr.	n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			Derivative Security	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D)	Date Exercisal		Expiration Date	Title	N C	Amount or Number of Shares					
Stock Option(right to buy)	\$18.2	02/23/2021		A		12,500		(3)		02/22/2031	Comm		12,500	\$0	12,50	0	D	

Explanation of Responses:

- 1. Represents restricted stock units. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock. The restricted stock units will vest with respect to 25% of the restricted stock units on each of the first, second, third and fourth anniversaries of March 1, 2020, subject to the Reporting Person's continued service through the applicable vesting date. In addition, the award may become fully vested upon a qualifying termination of employment in connection with a change in control.
- 2. Represents 37,500 shares of restricted stock units.
- 3. The option is exercisable as it vests. 25% of the shares subject to the option vest on February 23, 2022, 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. In addition, the stock option may become fully vested upon a qualifying termination of employment in connection with a change in control.

Remarks:

/s/ Kamal Adawi, as attorneyin-fact

02/25/2021

** 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.