FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
In a tom a at the analytical to the Control of the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

msuuc	tion 1(b).			rilec							ities Exchang ompany Act o		1 1934								
1. Name and Address of Reporting Person* NMSIC Co-Investment Fund, L.P.						2. Issuer Name and Ticker or Trading Symbol EXAGEN INC. [XGN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) (First) (Middle) 527 DON GASPAR AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2020									Officer (give title Other (specify below) below)						
(Street) SANTA FE NM 87505					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting						
(City)	(St	ate) (Zip)												Perso	JII					
		Table	I - No	n-Deriva	ative	Sec	uri	ties Ac	quired	l, Dis	sposed of	, or B	enef	icial	ly Own	ed					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Execu ear) if any		med on Date, Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acqui Disposed Of (D) (Ir 5)					es ally Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o	Pric	се	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 09,					020				S		126,404	D	\$1	12.5	2,43	3,958	I		See footnote ⁽¹⁾		
		Та	ble II ·								oosed of, o				Owne	d					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n r.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	8. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficia Ownershi t (Instr. 4)		
					Code	v		(A) (D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er							
		Reporting Person estment Fund																			
(Last) 527 DOI	N GASPAR	(First) AVENUE	(M	iddle)																	
(Street) SANTA	FE	NM	87	7505																	
(City)		(State)	(Zi	p)																	
		Reporting Person		<u>C</u>																	
(Last) 527 DO	N GASPAR	(First) AVENUE	(M	iddle)																	
(Street) SANTA	FE	NM	87	7505		-															

Explanation of Responses:

(State)

(Zip)

1. The shares reported on this form are held of record by NMSIC Co-Investment Fund, L.P. ("NMSIC"). Sun Mountain Capital Partners LLC ("Sun Mountain") is the general partner of NMSIC. The controlling members of Sun Mountain are Brian Birk, Sally Coming and Lee Rand. As such, each of these entities and individuals may be deemed to share beneficial ownership of the shares held of record by NMSIC. Each of Sun Mountain, Mr. Birk, Ms. Coming and Mr. Rand disclaims beneficial ownership of the securities held of record by NMSIC.

Remarks:

(City)

Name: Brian Birk, Title: Managing Partner, /s/ Lee Rand, Name: Lee Rand, Title: Managing Member

Sun Mountain Capital Partners LLC, /s/ Brian Birk, Name:

Brian Birk, Title: Managing Partner, /s/ Lee Rand, Name:

Lee Rand, Title: Managing

<u>Member</u>

** Signature of Reporting Person Date

09/03/2020

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.