FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
-	hours por rosponso:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

	ions may conti tion 1(b).	nue. See		Fi					a) of the Sec				L934			hours	per res	ponse:	0.5	
						or Sec	tion 30(h)	of the	Investment	Con	npany Act									
					. Issuer Name and Ticker or Trading Symbol DPGEN INC [OPGN]									tionship of all applica Director		g Perso	on(s) to Iss 10% O			
				-								\dashv	X	Officer (give title		Other (specify		
(Last) (First) (Middle) 11009 CRIPPLEGATE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/28/2017								below) below) Chairman and CEO							
(Street) POTOMAC MD 20854					4. If Amendment, Date of Original Filed (Month/Day/Year) 06/28/2017								5. Individual or Joint/Group Filing (Check Applic Line) Form filed by One Reporting Person					n		
(City) (State) (Zip)													X	Form filed by More than One Reporting Person						
		Та	ble I - Noi	n-Deri	vati	ve Se	ecurities	s Ac	quired, [Disp	posed o	f, or Be	neficia	lly C	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Ir	Transaction Code (Instr.					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II -						uired, Di s, options	•	,			/ Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,		action (Instr.	Derivative I		6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	. Price of Perivative Pecurity Petr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	Over Service Over	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v			Date Exercisable		xpiration	Title	Amount or Number of Share			Transacti (Instr. 4)	ion(s)			
Warrants to purchase Common Stock ⁽¹⁾⁽²⁾	\$0.78	06/28/2017			P		149,788		11/28/2017	0	6/28/2022	Common Stock	149,78	8	\$0.00	149,78	88	D ⁽³⁾		
	nd Address of apital, LL	Reporting Person*																		
(Last) 11009 C	RIPPLEGA	(First) TE ROAD	(Middl	e)																
(Street)	AC	MD	2085	4																
(City)		(State)	(Zip)			,														

Explanation of Responses:

GAITHERSBURG MD

1. Name and Address of Reporting Person*

(First)

708 QUINCE ORCHARD ROAD, SUITE 160

(State)

JONES EVAN/ FA

C/O OPGEN, INC.

(Last)

(Street)

(City)

- 1. The purpose of this Form 4/A is to report an increase in the number of Warrants to purchase Common Stock issued to jVen Capital, LLC pursuant to an amendment and restatement of that certain Note Purchase Agreement dated May 31, 2017.
- 2. Issuance of warrants pursuant to that certain amended and restated Note Purchase Agreement dated July 10, 2017.

(Middle)

20878

(Zip)

3. Evan Jones, the Chairman of the Board and the Chief Executive Officer of OpGen, Inc. (the "Company"), is the managing member of jVen Capital, LLC and is the indirect beneficial owner of all shares of the Company's Common Stock owned by jVen Capital, LLC.

/s/ Timothy C. Dec, Attorneyin-Fact

07/10/2017

** Signature of Reporting Person

- * 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.