Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

BIOLIFE SO	LUTIONS INC											
Form 4												
July 07, 2017												
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							т	PPROVAL			
UNITED STATES SECONTIES AND EXCHANCE COMMISSION							OMB Number:	3235-0287				
Check this	s box	Washington, D.C. 20549									January 31,	
if no longe	er STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWN							NERSHIP OF	Expires:	2005	
subject to Section 16								Estimated average burden hours per response 0.				
Form 4 or												
Form 5 obligation	· ·							-	ge Act of 1934,			
may contin				•		•	· ·		f 1935 or Sectio	n		
See Instru		30(h) of	f the Inv	restmer	nt C	Company	y Act	t of 19	40			
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationshi						5. Relationship of	of Reporting Person(s) to					
Hinson Andrew G Symbo									Issuer			
		E	BIOLIFE	E SOLU	UT	IONS II	VC [I	BLFS]	(Che	ck all applicable	a)	
(Last) (First) (Middle) 3. Date of				e of Earliest Transaction					(check an approache)			
				Day/Year)					_X_Director10% Owner			
				/06/2017					Officer (give title Other (specify below)			
INC., 3303 N PARKWAY	AONTE VILLA											
FAKKWAI												
(Street) 4. If Amend Filed(Month				endment, Date Original					6. Individual or Joint/Group Filing(Check			
				h/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
BOTHELL,	WA 98021								Form filed by M	More than One Re		
									Person			
(City)	(State) (State)	Zip)	Table	I - Non	-De	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date								5. Amount of	6. Ownership		
Security	(Month/Day/Year)	Execution any	Date, if						Beneficially	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership	
(Instr. 3)		2	ay/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				/				
			• • • • • • •				Following	(Instr. 4)	(Instr. 4)			
							(A)		Reported Transaction(s)			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	07/06/2017								26.294	D		
Stock	07/06/2017			А		2,354	А	<u>(1)</u>	26,384	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Securi	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Hinson Andrew G C/O BIOLIFE SOLUTIONS, INC. Х 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021 Signatures /s/ Andrew G. 07/07/2017 Hinson

**Signature of

Date

Reporting Person **Explanation of Responses:**

- 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).
- The shares of common stock were issued to the reporting person pursuant to the BioLife Solutions 2013 Performance Incentive Plan in (1) lieu of receiving \$5,625 of director fees for the quarter at a price per share based upon the closing stock price of the issuer's common
- stock on the last day of the quarter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.