## Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

BIOLIFE SOLU' Form 4 July 07, 2017	TIONS INC									
FORM 4								OMB AF	PROVAL	
	UNITED STAT	TES SECURITII Washing			NGE	COM	AMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.	subject to STATEMENT OF CHANGES				AL OV	RSHIP OF	Expires: January 31 200 Estimated average burden hours per			
Form 4 or Form 5 obligations may continue. See Instructior 1(b).	Section 17(a) of t	to Section 16(a)	of the Sec Holding (	curities E Compan	y Act	of 19		response	0.5	
(Print or Type Respo	nses)									
VILLIGER WALTER Symbol			and menter of madning				5. Relationship of Reporting Person(s) to Issuer			
HURDNERSTR	(First) (Middle) ASSE 1474 HURDEN	3. Date of Earlie (Month/Day/Ye 06/30/2017	est Transact	_		_	(Check Director Officer (give ti ow)	all applicable 		
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)				Ap	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person			
SEITZERLAND	), V8 00000					_X	Form filed by M son			
(City)	(State) (Zip)	Table I - N	lon-Deriva	tive Secur	rities A	cquire	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) or l of (D) 4 and 5 (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Series A Nonconvertible Preferred Stock	06/30/2017		J <u>(1)</u>	4,250		<u>(1)</u>	4,250	Ι	By WAVI Holdings AG	

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	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transacti Code	5. onNumber of	6. Date Exer Expiration D (Month/Day)	Date	7. Title a Amount Underly	of	8. Price of Derivative Security	9. Nu Deriv Secui
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Securities Acquired			Securitie (Instr. 3		(Instr. 5)	Bene Owne Follo
					(A) or Disposed of (D) (Instr. 3,						Repo Trans (Instr
					4, and 5)	Date	Expiration	01	amount r Iumber		
<b>D</b>	rting O			Code V	(A) (D)	Exercisable	Date	of SI	f hares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips					
reporting o when reality read on	Director	10% Owner	Officer	Other				
VILLIGER WALTER HURDNERSTRASSE 10 POSTFACH 1474 HURDEN SEITZERLAND, V8 00000		Х						
WAVI Holding AG PARADIESSTRASSE 25 JONA, V8 CH 8645		Х						
Signatures								
/s/ Roderick de Greef, as attorney-in-fact for Walter Villiger and WAVI Holdings AG								

\*\*Signature of 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 Series A nonconvertible preferred stock were issued on July 5, 2017 to WAVI Holdings AG, a wholly owned entity of the reporting person ("WAVI"), in exchange for the cancellation of a previously issued promissory note of the issuer in the name of WAVI in

(1) The pointing person (WAVI), in exchange for the cancentation of a previously issued promissory note of the issuer in the name of WAVI in the amount of \$4,250,000 including principal and accrued interest thereon through June 1, 2017. Such exchange was pursuant to an agreement between the issuer and WAVI dated June 30, 2017.

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.

Date