#### **GIRSCHWEILER THOMAS**

Form 4 October 03, 2017

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number:

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person \* GIRSCHWEILER THOMAS

2. Issuer Name and Ticker or Trading Symbol

**BIOLIFE SOLUTIONS INC [BLFS]** 

5. Relationship of Reporting Person(s) to

Issuer

(First)

(State)

3. Date of Earliest Transaction

(Check all applicable)

C/O BIOLIFE SOLUTIONS.

INC., 3303 MONTE VILLA PARKWAY, SUITE 310

(Month/Day/Year)

10/03/2017

X\_ Director X 10% Owner Other (specify Officer (give title below)

(Street)

(Middle)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

A

Form filed by One Reporting Person \_X\_ Form filed by More than One Reporting

Person

Applicable Line)

BOTHELL, WA 98021

(City) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Form: Direct Beneficially (D) or Owned Indirect (I) Following (Instr. 4)

Ι

6. Ownership 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount Price (D)

A

(1)

Common 10/03/2017 Stock

887

2,813,843

By Taurus

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

(Month/Day/Year)

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: GIRSCHWEILER THOMAS - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
Derivative					Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						·
					4, and 5)						
									Amount		
						Date Exercisable	Expiration Date	Title	or		
									Number		
				~	<i>(</i> 1) (5)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reposing owner rune, runned	Director 10% Owne		Officer Other				
GIRSCHWEILER THOMAS C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021	X	X					
Taurus4757 GmbH ROOSSTRASSE 53 CH-8832 WOLLERAU ZURICH, V8 CH 8057		X					

# **Signatures**

/s/ Roderick de Greef, as attorney-in-fact for Thomas Girschweiler and Tauras4757 GmbH

10/03/2017

\*\*Signature of Reporting Person

Date

# **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 Taurus4757 GmbH ("Taurus"), a wholly owned entity of the reporting person, pursuant to the BioLife Solutions 2013 Performance Incentive Plan in lieu of the reporting person receiving \$5,000 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.

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