CRYOLIFE INC Form 5 July 11, 2017

FORM 5

OMB APPROVAL

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

OMB 3235-0362 Number:

no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box if

January 31, Expires: 2005

1.0

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person * Holloway Jean F			2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016	(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) VP, General Counsel		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting (check applicable line)		

KENNESAW, GAÂ 30144

X Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	06/30/2016	06/30/2016	M	1,205 A \$ 9.163	53,358	D	Â		
Common Stock	12/31/2016	12/31/2016	M	1,000 (1) A \$ 10.2	54,358	D	Â		
Common Stock	06/30/2017	06/30/2017	M	714 (1) A \$ 16.2775	55,072	D	Â		

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

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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)	/e	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and
						(A)	(D)	Date Exercisable	Expiration Date	Title
Stock (Right (Buy)	-	\$ 9.163	06/30/2016	06/30/2016	A	1,205	Â	06/30/2016	06/30/2016	Common Stock
Stock Option(to Buy)	. •	\$ 9.163	06/30/2016	06/30/2016	A	Â	1,205	06/30/2016	06/30/2016	Common Stock
Stock (Right (Buy)	-	\$ 10.2	12/31/2016	12/31/2016	A	1,000	Â	12/31/2016	12/31/2016	Common Stock
Stock (Right to Buy)	_	\$ 10.2	12/31/2016	12/31/2016	A	Â	1,000	12/31/2016	12/31/2016	Common Stock
Stock (Right (Buy)	-	\$ 16.2775	06/30/2017	06/30/2017	A	714	Â	06/30/2017	07/30/2017	Common Stock
Stock (Right (Buy)	-	\$ 16.2775	06/30/2017	06/30/2017	M	714	Â	06/30/2017	06/30/2017	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships					
roporous o maor ramo, rama oss	Director	10% Owner	Officer	Other		
Holloway Jean F 1655 ROBERTS BLVD., NW KENNESAW. GA 30144	Â	Â	VP, General Counsel	Â		

Signatures

/s/ Jean Holloway 07/11/2017

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**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).
- These shares were acquired pursuant to CryoLife Inc.'s Employee Stock Purchase Plan (ESPP). The shares were acquired in transactions exempt from Section 16b-3.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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