Edgar Filing: Capps Scott B - Form 4

Cast D

Form 4 February 21,											
FORM									OMB AF	PROVAL	
	UNITED	STATES		ATTIES A			NGE C	OMMISSION	OMB Number:	3235-0287	
Check the if no long									Expires:	January 31, 2005	
subject to Section 1 Form 4 o Form 5	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per response 0					
obligation may cont See Instru 1(b).	ns Section 17(a	a) of the	Public Ut		ling Con	npany	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Capps Scott B			2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	Aiddle)	3. Date of Earliest Transaction (Chec						all applicable)		
CRYOLIFE BLVD, NW	e, INC., 1655 RO	BERTS	(Month/D 02/19/2	ay/Year)				Director X_Officer (give below) VP, Cl		Owner r (specify 1	
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
KENNESA	W, GA 30144							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	ty (Month/Day/Year) Execution Da		n Date, if	Code (Instr. 3, 4 and 5)				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/19/2018	02/19/2	018	Code V F	Amount 726 <u>(1)</u>	(D)	Price \$ 18.25	(Instr. 3 and 4) 134,868	D		
Common Stock	02/19/2018	02/19/2	018	F	795 <u>(1)</u>	D	\$ 18.25	134,073	D		

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	unt of rlying	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		

Reporting Owners

Reporting Owner Name / Addres	s	Relationships						
	Director	10% Owner	Officer	Other				
Capps Scott B CRYOLIFE, INC. 1655 ROBERTS BLVD, NW KENNESAW, GA 30144			VP, Clinical Research					
Signatures								
// Scott B. Capps	02/21/2018							

<u>**</u>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).

(1) These shares were withheld upon the vesting of performance stock units to pay tax withholding obligations.

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.