Holloway Jean F Form 4 August 09, 2018

FORM 4

OMB APPROVAL OMB

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

OMB Number: 3235-0287

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

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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).

1. Name and Ad Holloway Jea	ldress of Reporti an F	ng Person *	2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3.			3. Date of Earliest Transaction	(Sheen an applicable)			
1655 ROBE	RTS BLVD.,	NW	(Month/Day/Year) 08/07/2018	Director 10% Owner _X Officer (give title Other (specify below) VP, General Counsel			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
KENNIFCAW	$V \rightarrow \Delta 301/1/1$			round and of more than one responding			

KENNESAW, GA 30144

(State)

(Zin)

(City)

(City)	(State)	Table	e I - Non-D	erivative	Secur	ities Acqu	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	(Wionui/Day/Tear)	any	Code	(Instr. 3,		` ′	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
					(A) or		Reported Transaction(s) (Instr. 3 and 4)		
_			Code V	Amount	(D)	Price	(msu. 3 and 4)		
Common Stock	08/07/2018	08/07/2018	M	4,000	A	\$ 10.28	62,735	D	
Common Stock	08/07/2018	08/07/2018	S	4,000 (1)	D	\$ 32.5 (2)	58,735	D	

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

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SEC 1474

(9-02)

Person

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 10.28	08/07/2018	08/07/2018	M	4,000	04/01/2016(3)	04/01/2022	Common Stock	4,000

Reporting Owners

Reporting Owner Name / Address	Relationship
Reporting Owner Name / Address	

Director 10% Owner Officer Other

Holloway Jean F

1655 ROBERTS BLVD., NW VP, General Counsel

KENNESAW, GA 30144

Signatures

/s/ Jean

Holloway 08/09/2018

**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).
- (1) The sale reported on this form was effected pursuant to a 10b5-1 trading plan adopted by the reporting person on June 14, 2018.
- (2) Reflects the average weighted price of \$32.50 the shares were sold. The reporting person will provide upon request by the Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased or sold at this price.
- (3) Stock option vests 33 1/3% per year beginning on the first anniversary of the grant date. The first exercisable date was 4/1/2016 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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