McDermid James M Form 5 February 19, 2019 FORM 5	1			OMB AP	PROVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	ANNUAL ST Filed pursuant to s ection 17(a) of the	S SECURITIES AND EXCHANGE (Washington, D.C. 20549 CATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 19	EFICIAL ge Act of 1934, f 1935 or Section	OMB Number: Expires: Estimated av burden hours response	0
1. Name and Address of Reporting Person <u>*</u> McDermid James M		2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]	Reporting Perso	.,	
(Last) (Fir 1655 ROBERTS B	, , , ,	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018	Director XOfficer (give below)) Owner r (specify
(Str	eet)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	int/Group Repo	rting

KENNESAW, GAÂ 30144

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

(City)	(State)	(Zip) Tak	ole I - Non-De	rivative Securities Acquired	d, 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. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or	ed of (D) and 5)Securities Beneficially Owned at end of Issuer'sOwnership Form: Owned at or Indirect Issuer's(A)Fiscal Year (Instr. 3 and		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/31/2018	01/05/2019	М	Amount(D)Price $89 (1)$ A $\$$ 23.6725	4) 22,603 (2)	D	Â

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

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless (9-02) 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 (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. Transaction Code (Instr. 8)	5. Numb of Deriva Securi Acqui (A) or Dispo of (D) (Instr. 4, and	ative ities red sed 3,	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Securities	8. D So (I
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 23.6725	07/01/2018	07/01/2018	A	89	Â	12/31/2018	12/31/2018	Common Stock	89	2
Stock Option (Right to Buy)	\$ 23.6725	12/31/2018	12/31/2018	М	Â	89	12/31/2018	12/31/2018	Common Stock	89	2

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Reporting Owners

Reporting Owner Name / Address	Relationships					
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other		
McDermid James M 1655 ROBERTS BLVD NW KENNESAW, GA 30144	Â	Â	SVP, CHRO	Â		

Signatures

/s/ James	02/19/2019		
McDermid			
<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).
- These shares were acquired pursuant to CryoLife Inc.'s Employee Stock Purchase Plan (ESPP). The shares were acquired in transactions (1) exempt from Section 16b-3.

In a Form 4 filed on July 10, 2018, Reporting Person over reported the total number of shares beneficially owned by a de minimus (2) number of shares. As a result, such shares were reflected in the post-transaction amounts in column 5 of that Form 4. Beneficially owned

shares are hereby updated in column 5 on this Form 5 to remove such previously-added shares.

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.