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CRYOLIFE Form 4	INC										
February 19	, 2016										
FORM	ΠД								OMB AF	PROVAL	
FORM 4 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 Form 5 Filed pursuant to Section 16				SECUR	ITIES				Expires: Estimated a burden hou response		
obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public Ut		ling Con	npany	y Act of	1935 or Section	1		
(Print or Type	Responses)										
LEE DAVID ASHLEY Symbol				Name and		Tradiı	ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		Earliest Tr				(Check all applicable)			
CRYOLIFI BLVD, NW	pay/Year) 016				Director 10% Owner XOfficer (give title Other (specify below) below) Executive VP, COO & CFO						
				endment, Date Original nth/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	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or Di (Instr. 3, Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	02/17/2016			М	4,500	A		241,096	D		
Common Stock	02/17/2016			F	2,130	D	\$ 10.2	238,966	D		
Common Stock	02/17/2016			М	8,200	А	\$ 4.83	247,166	D		
Common Stock	02/17/2016			F	3,882	D	\$ 10.2	243,284	D		
Common	02/18/2016			М	8,000	А	\$ 4.83	251,284	D		

Stock

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Common Stock	02/18/2016	S	8,000	D	\$ 10.13 (1)	243,284	D	
Common Stock						1,500	Ι	By Children
Common Stock						5,000	Ι	By Spouse

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

Persons who respond to the collection of information contained in this form are not required to respond unless 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. Transactic Code (Instr. 8)	5. Number ctionof Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Derivative Expiration Date urities (Month/Day/Year) puired or posed of str. 3, 4,		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 Options	\$ 4.83	02/17/2016		М	4	1 ,500	02/23/2010(2)	02/23/2016	Common Stock	4,500
Stock Options	\$ 4.83	02/17/2016		М	8	3,200	02/23/2010(2)	02/23/2016	Common Stock	8,200
Stock Options	\$ 4.83	02/18/2016		М	8	3,000	02/23/2010(2)	02/23/2016	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
LEE DAVID ASHLEY CRYOLIFE, INC. 1655 ROBERTS BLVD, NW KENNESAW, GA 30144			Executive VP, COO & CFO					

Signatures

/s/ J. Patrick Mackin, Attorney-in-fact

02/19/2016

**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).
- Reflects weighted average price. Range of prices was between \$10.10 to \$10.20. The reporting person will provide upon request by the(1) Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased or sold at each separate price.
- (2) Stock option vested 33 1/3% per year beginning on the first anniversary of the grant date (February 23, 2009).

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.