Borgstrom Marna P Form 3 June 27, 2018 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person <u>*</u> Borgstrom Marna P			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]			
(Last)	(First)	(Middle)	06/19/2018	4. Relationshi Person(s) to I	p of Reporting		5. If Amendment, Date Original Filed(Month/Day/Year)
CRYOLIFE	, INC., 16	55					
ROBERTS I	BLVD, NW			(Check all applicable)			
(Street) KENNESAW, GA 30144				X_Director10% Owner OfficerOther (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person	
KEININESAV	w,A GAA 3	0144					Form filed by More than One Reporting Person
(City)	(State)	(Zip)	Table I - I	Non-Derivat	ive Securiti	es Ber	neficially Owned
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	
COMMON	STOCK		0		D	Â	
Reminder: Repo owned directly	-	te line for ea	ch class of securities benefic	^{ially} S	EC 1473 (7-02))	
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security 2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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January 31,

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Person

Reporting Owner Name / Addr	ess	Relationships				
		10% Owner	Officer	Other		
Borgstrom Marna P CRYOLIFE, INC. 1655 ROBERTS BLVD, NV KENNESAW, GA 3014	W	Â	Â	Â		
Signatures						
/s/ Marna (Borgstrom	06/27/2018					
<u>**</u> Signature of	Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.