#### **CRYOLIFE INC**

Form 4

December 30, 2015

# FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations **SECURITIES** 

Estimated average burden hours per response...

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

0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * LEE DAVID ASHLEY			2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
			(Month/Day/Year)	Director 10% Owner		
C/O CRYOLIFE INC, 1655 ROBERTS BLVD NW			12/28/2015	X Officer (give title Other (specify below)		
				Exec. VP, COO and CFO		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Chec		
			Filed(Month/Day/Year)	Applicable Line)		
				_X_ Form filed by One Reporting Person Form filed by More than One Reporting		
KENNESAW.	GA 30144			Person		

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securi	ities Acq	quired, Disposed o	of, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)			d of	· · · · · · · · · · · · · · · · · · ·			
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	12/28/2015		M	700	A	\$ 4.83	244,669	D		
Common Stock	12/28/2015		S	700 (1)	D	\$ 11	243,969	D		
Common Stock	12/28/2015		M	300	A	\$ 4.83	244,269	D		
Common Stock							5,000	I	By Spouse	
Common Stock							1,500	I	By Children	

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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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivativ Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transactionof Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date rivative (Month/Day/Year) curities quired o or sposed (D) str. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Commo	on \$ 4.83	12/28/2015		M	700	02/23/2010(2)	02/23/2016	Common Stock	700
Commo Stock	on \$ 4.83	12/28/2015		M	300	02/23/2010(3)	02/23/2016	Common Stock	300

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

Director 10% Owner Officer Other

LEE DAVID ASHLEY C/O CRYOLIFE INC 1655 ROBERTS BLVD NW KENNESAW, GA 30144

Exec. VP, COO and CFO

## **Signatures**

/s/ David Ashley Lee 12/30/2015

\*\*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 September 16, 2015.
- (2) Stock option vested 50% per year beginning on the first anniversary of the grant date (February 23, 2009).

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(3) 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.