FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANGES	IN RENEE	ICIAI	OWNERS	SHIP
	O.	CHANCES	II4 DEI4EI	IOIAL	CANIATIO	JI 111

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* ACKERMAN THOMAS F					2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]											hip of Reporting Person(s) to l oplicable) ector 10% ((s) to Is			
	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2019										Office	er (give title v)		Other below)	(specify		
1655 ROBERTS BLVD., NW					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street) KENNES	SAW G	A 3	30144												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (Zip)																		
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Bene	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution D		n Date,	Date, Transa Code (4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Secur Benet		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount		(A) or (D)	Price	e	Transaction(s) (Instr. 3 and 4)				(1130.4)		
Common Stock			05/16	05/16/2019		05/16/2019		A		4,163(1)		A	\$0		108,150		D				
		Та									sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	n Date, Transaction Code (Instr			n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of	nber res							

Explanation of Responses:

1. Represents shares of restricted stock that cliff vest on May 16, 2020, provided the status as a Director with CryoLife continues through such date.

/s/ Thomas F. Ackerman

05/17/2019

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.