U.S. SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C.
FORM 4
ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
() Check box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue. See Instructions 1(b).
1. Name and Address of Reporting Person
Heacox, Albert E.
2211 New Market Parkway, Suite 142
Marietta, GA 30067
USA

Issuer Name and Ticker or Trading Symbol CryoLife, Inc. CRYL

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year April 1996

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person to Issuer (Check all applicable) () Director () 10% Owner (X) Officer (give title below) () Other (specify below) Vice President, Laboratory Operations

1. Title of Security	2. 3. 4.Securities Acquired (A) Transaction or Disposed of (D)						(A)	5.Amount of Securities	6.Dir 7.Nature of Indirect ect Beneficial Ownership		
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	i	i	- i i			A/	I	Owned at	Indi		
	Da	ite Co	ode V	Amount		D	Price	End of Year	ect	(I)	
Common Stock, \$.01 Pa	r Valu 4/3	30/9 S	2	,000		D	\$30.00	133,000	D	1	
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Table II Derivati	ve Securit	ites A	Acquire	d, Dispose	ed of,	or Be	neficially	7 Owned			
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Explanation of Responses: SIGNATURE OF REPORTING PERSON /s/ Albert E. Heacox DATE 5/2/96