FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 | |
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| | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* McCall Ronald D | | | | | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | | | | | | | | | | k all app Direc | tor | ng Pers | 10% O | wner | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|---------|----------|----------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|---------------|-----|-----------------|--------------------------------------------------------------------------------------------------|------------------------|---------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------|---------|--|
| (Last) | (Fi IFE, INC. | rst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2020 | | | | | | | | | Office below | icer (give title ow) | | Other (below) | specify | |
| 1655 ROBERTS BLVD., NW | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | SAW G | A 3 | 0144 | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Si | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | icially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | y/Year) Execution | | ution Date, T | | | | es Acquired (A Of (D) (Instr. 3, | | 4 and Secu Bene Own | | amount of curities neficially ned Following ported | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | v | Amount | (A) (D) | or _{Pri} | ice | Transa | saction(s) . 3 and 4) | | | | | |
| Common Stock 06/01/2 | | | | /2020 06/ | | /01/2 | 020 | A | | 5,667(1) | 67 ⁽¹⁾ A \$ | | 22.94 | 4 133,433 | | | D | | | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | Transaction Code (Instr. 8) Se Ac (A) Dis of | | osed) r. 3, 4 | Expiration Da | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Dei Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y C | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Number of Shares | | | | | | | |

Explanation of Responses:

1. Represents shares of restricted stock that cliff vest on June 1, 2021, provided the status as a Director with CryoLife continues through such date.

/s/ Ronald D McCall

06/02/2020

** 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.