FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235- 0104						
Estimated average burden							
hours per	0.5						

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* 2. Date of Eve Requiring Stat (Month/Day/Ye		tatement /Year)	3. Issuer Name and Ticker or Trading Symbol ARTIVION, INC. [AORT]									
(Last) ARTIVIO 1655 ROE	(First) N INC BERTS BLVI	(Middle)	_ 06/23/2023		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give Other (specify below)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) KENNES	AW GA (State)	30004 (Zip)	,		VP, Global Op	erations			eck Applicable Form filed l Person	by One Reporting		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				. Amount of Securities seneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock				14,395	D ⁽¹⁾							
Common Stock				2,483	I		*Indirect shares owned by Spouse					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisa Expiration Date (Month/Day/Year		ate	3. Title and Amount of Secu Underlying Derivative Secu (Instr. 4)				5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.				
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

1. Power of Attorney, included herewith as Exhibit 1.

Remarks:

/s/ Florian Tyrs

06/30/2023

** Signature of Reporting

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 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.

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.