FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ]												olicable)	ng Pe	Person(s) to Issuer	
(Last)	,	First)	(N	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2011										Officer (give title below)			Other below)	(specify
CRYOLII 1655 RO	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne)	ridual or Joint/Group Filing (Check Applicable									
(Street) KENNESAW GA 30144																X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(;	State	e) (Z	ip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. and 5)						Securi Benefi Owned	5. Amount of Securities Beneficially Dwned Following		wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)		(IIIS	u. 4)	(111501. 4)
Common	011				A		10,000(1)		A	\$0		150,412			D						
Common	011				A		2,750(2)		A	\$0		153,162			D						
Common	Stock														1	6,000		I	By Spouse		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	n D	. Transaction Date Month/Day/Year)	if any	tion Date,	Code (Ir 8)	ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numboof Title Shares			int er		9. Number of derivative e Securities Beneficially Owned Following Reported Transaction( (Instr. 4)		O. Dwnership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. Represents shares of restricted stock that vest on the first anniversary of the grant date if the reporting person remains a member of the Company's board of directors, subject to earlier vesting upon certain events including death, disability and retirement from the board after serving out his full term because the director is not standing for re-election at the end of the term.
- 2. Represents shares of restricted stock that were received as supplemental presiding director compensation and that vest on the first anniversary of the grant date if the reporting person remains a member of the Company's board of directors, subject to earlier vesting upon certain events including death, disability and retirement from the board after serving out his full term because the director is not standing for reelection at the end of the term.

## Remarks:

/s/ D.A. Lee, Attorney-in-Fact 05/20/2011

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.