## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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

| 1. Name and Address of Reporting Person <sup>*</sup><br>Holloway Jean F  |  |  |   |  |                                      | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] |        |     |  |                  |  |   |                   |  | Relationship<br>eck all appl<br>Directe                     | icable)   | ng Pe | rson(s) to Is<br>10% O  |                         |  |
|--|--|--|---|--|--------------------------------------|--|--------|-----|--|------------------|--|---|-------------------|--|---|---|-------|---|-------------------------|--|
| (Last) (First) (Middle)  |  |  |   |  |                                      | 3. Date of Earliest Transaction (Month/Day/Year)<br>09/10/2015 |        |     |  |                  |  |   |                   |  | X Office<br>below   | r (give title<br>)  |       | Other (<br>below)   | specify                 |  |
| 1655 ROBERTS BLVD., NW   |  |  |   |  |                                      |  |        |     |  |                  |  |   |                   |  | VP, General Counsel   |   |       |   |                         |  |
|  |  |  |   |  |                                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)       |        |     |  |                  |  |   |                   |  | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |       |   |                         |  |
| (Street)<br>KENNESAW GA 30144  |  |  |   |  |                                      |  |        |     |  |                  |  |   |                   |  | X Form filed by One Reporting Person                        |   |       |   | on                      |  |
| (City)   | (City) (State) (Zip)   |  |   |  |                                      |  |        |     |  |                  |  |   |                   |  | Form filed by More than One Reporting<br>Person             |   |       |   |                         |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |   |  |                                      |  |        |     |  |                  |  |   |                   |  |   |   |       |   |                         |  |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/Day  |  |  |   |  |                                      | Execution Date,  |        |     | Transaction Dispose<br>Code (Instr. and 5)                     |                  | rities Acquired (A<br>ed Of (D) (Instr. 3, |   |                   | r 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following |   | Form: Direct<br>(D) or<br>Indirect (I)  |       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                 |                         |  |
|  |  |  |   |  |                                      |  |        |     | Code   | v                | Amoun                                      | mount (A) (<br>(D)  |                   | Price  | Report<br>Transa  | eported<br>ransaction(s)<br>nstr. 3 and 4)  |       | (r. 4)  | (Instr. 4)              |  |
| Common Stock 09/10/2   |  |  |   |  | 2015                                 | )15  |        | Α   |  | 7,252            | (1)  | Α   | \$ <mark>0</mark> | 14,252   |   |   | D     |   |                         |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities) |  |  |   |  |                                      |  |        |     |  |                  |  |   |                   |  |   |   |       |   |                         |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security            | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | 4.<br>Transactio<br>Code (Inst<br>8) |  | on of  |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                  |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3<br>and 4) |                   | str. 3   | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5)      | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly    | Ownership<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr.<br>4) | Beneficial<br>Ownership |  |
|  |  |  |   |  | Code                                 | v  | (A)    | (D) | Date<br>Exercisa   |                  | Expiration<br>Date                         | Title   | or<br>Nu<br>of    | umber  |   |   |       |   |                         |  |
| Stock<br>Option<br>(Right to<br>Buy)   | \$9.66   | 09/10/2015                                 |   |  | Α                                    |  | 20,307 |     | 09/10/201  | 6 <sup>(2)</sup> | 09/10/2022                                 | Comm<br>Stock   |                   | 0,307  | \$0   | 20,307  | ,     | D   |                         |  |

Explanation of Responses:

1. Represents shares of restricted stock that vest on the third anniversary of the grant date if the reporting person remains in the continuous employ of the Company.

2. Stock option vests 33 1/3% per year beginning on the first anniversary of the grant date (September 10, 2015).

09/14/2015

\*\* Signature of Reporting Person

/s/ D. Ashley Lee

Date

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

 $^{\ast}$  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.