FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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). | STATEMEN | T OF CHANGES IN BENEFICIAL OWN | Ε | |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------|
| | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | |
| | lame and Address of Reporting Person* EVEVINO DANIEL J | | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | 5 ((|

| 1. Name and Address of Reporting Person* BEVEVINO DANIEL J | | | | | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | | | | | | | 5. Relationship of Reporting Person(s) to la (Check all applicable) | | | | suer | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|------------------|------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|--------------------------------------|--------------|------------|
| BE VE | VINO D | HINIEL J | | | | | | | | | | | y | Direc | tor | | 10% Ov | vner |
| (Last) | (F IFE, INC. | irst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2020 | | | | | | | Officer (give title below) | | e Other (sp below) | | pecify | | |
| 1655 RO | BERTS B | LVD., NW | | | 4. If A | mendi | ment, Date o | f Origina | al Filed | d (Month/Da | y/Year |) | | | r Joint/Grou | p Filin | g (Check A | pplicable |
| (Street) | | | | | | | | | | | | | Line) | | filed by On | e Rep | orting Perso | on |
| KENNE | SAW G | A 3 | 0144 | | | | | | | | | | | Form Perso | filed by Mo on | re thai | n One Repo | orting |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | | | | |
| | | Table | I - Non-D | Periva | tive S | ecui | rities Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | |
| Date | | | ate Exec Month/Day/Year) if an | | Deemed cution Date, y nth/Day/Year) | 3. 4. Securitie Disposed (5) 5) | | es Acquired (A Of (D) (Instr. 3, | | A) or , 4 and | Benefic Owned | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 05/05 | | | | 05/05/2 | 2020 05/05/2020 | | A | | 1,620 ⁽¹⁾ A | | A | \$ <mark>0</mark> | 109,770 | | | D | | |
| | | Tal | ble II - Deı e.ç) | | | | ties Acqu varrants, | | | | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | Transaction of Derivative 8) Securities Acquired (A) or Disposed of (D) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | S (I | erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | | |
| | | | | | | | | | | | | Amou or Numl | | | | | | |

Explanation of Responses:

1. RSA Covid grant vests on May 4, 2021, provided the status as a Director with CryoLife continues through such date.

/s/ Daniel J Bevevino

of Shares

05/06/2020

** 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.