FORM 4

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

Washington, D.C. 20549

| 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).

## 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*     BEVEVINO DANIEL J                                                                                  |                                                                                                       |                                                          |          |   |                                                                                         | Issuer Name and Ticker or Trading Symbol     CRYOLIFE INC [ CRY ]      Date of Earliest Transaction (Month/Day/Year) |         |                                                                                            |                                                                                                 |        |                                                                                                                  |                                         |              |                                                   | 5. Relationship of Reporting Perso<br>(Check all applicable)<br>X Director |                                                        |                                                            |                                                                    | lssuer<br>Owner                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|---|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|---------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| (Last)                                                                                                                                       | (Fir                                                                                                  | st) (N                                                   | (Middle) |   |                                                                                         |                                                                                                                      | tarlies | t Irans                                                                                    | action (M                                                                                       | onth/  | 'Day/Year)                                                                                                       |                                         |              | officer (give title<br>elow)                      |                                                                            | Other<br>elow)                                         | (specify                                                   |                                                                    |                                                                   |
| CRYOLI<br>1655 RO                                                                                                                            | 4. If A                                                                                               | 4. If Amendment, Date of Original Filed (Month/Day/Year) |          |   |                                                                                         |                                                                                                                      |         |                                                                                            |                                                                                                 |        | Individual or Joint/Group Filing (Check Applic<br>Line)     X Form filed by One Reporting Person                 |                                         |              |                                                   |                                                                            |                                                        |                                                            |                                                                    |                                                                   |
| (Street) KENNES                                                                                                                              | treet) ENNESAW GA 30144                                                                               |                                                          |          |   |                                                                                         |                                                                                                                      |         |                                                                                            |                                                                                                 |        |                                                                                                                  |                                         |              |                                                   | Form filed by More than One Reporting Person                               |                                                        |                                                            |                                                                    |                                                                   |
| (City)                                                                                                                                       | (St                                                                                                   | ate) (Z                                                  | Zip)     |   |                                                                                         |                                                                                                                      |         |                                                                                            |                                                                                                 |        |                                                                                                                  |                                         |              |                                                   |                                                                            |                                                        |                                                            |                                                                    |                                                                   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned                                                             |                                                                                                       |                                                          |          |   |                                                                                         |                                                                                                                      |         |                                                                                            |                                                                                                 |        |                                                                                                                  |                                         |              |                                                   |                                                                            |                                                        |                                                            |                                                                    |                                                                   |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/                                                                             |                                                                                                       |                                                          |          |   |                                                                                         | Execution Date,                                                                                                      |         |                                                                                            | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acquired (Disposed Of (D) (Instr. and 5) |        |                                                                                                                  |                                         |              |                                                   | Se<br>Be<br>Ov                                                             | Amount of<br>curities<br>neficially<br>vned<br>llowing | 6. Owner<br>Form: Di<br>(D) or<br>Indirect (<br>(Instr. 4) | ect                                                                | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|                                                                                                                                              |                                                                                                       |                                                          |          |   | Code                                                                                    | v                                                                                                                    | Amount  |                                                                                            | (A) or<br>(D)                                                                                   | Price  | Re                                                                                                               | ported<br>ansaction(s)<br>str. 3 and 4) | (111341 . 4) |                                                   | (msu. 4)                                                                   |                                                        |                                                            |                                                                    |                                                                   |
| Common                                                                                                                                       | 013                                                                                                   |                                                          |          | A |                                                                                         | 10,000 <sup>(1)</sup> A                                                                                              |         | \$0                                                                                        |                                                                                                 | 65,000 |                                                                                                                  |                                         |              |                                                   |                                                                            |                                                        |                                                            |                                                                    |                                                                   |
| 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)                                                                                          | Title of 2. 3. Transaction General Execution Date Execution Date, or Exercise (Month/Day/Year) if any |                                                          |          |   | sansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                                                                                                                      |         | 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)  Amount or Numbrof Title Shares |                                         | ount<br>nber | 8. Price<br>of<br>Derivat<br>Securit<br>(Instr. 5 | derivative<br>Securities<br>y Beneficially                                 | Owne<br>Form:<br>Direct<br>or Inc<br>(I) (In:<br>4)    | (D)                                                        | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(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.

## Remarks:

/s/ D.A. Lee, Attorney-in-Fact 05/20/2013

\*\* 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.