FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 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	Address of Rep Rochelle L.	orting Person*	2. Date of E Requiring S (Month/Day	statement /Year)	3. Issuer Name and Ticker or Trading Symbol  CRYOLIFE INC [ CRY ]					
(Last) 1655 ROB	(First)	(Middle)	03/08/2021		4. Relationship of Reporting Issuer (Check all applicable) Director	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 03/18/2021		
(Street) KENNESA (City)	NNESAW GA 30144				X Officer (give title below)  VP, Qual			6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				[	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I			l. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					0(1)	I	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)		curity Convers		5. Ownership Form:	Ownership (Instr.
I I		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)	

## **Explanation of Responses:**

1. This Form 3/A is being filed solely to include a Power of Attorney, included herewith as Exhibit 1, that was inadvertently omitted from the original filing.

Rochelle Maney

05/19/2021

\*\* 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 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.