FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
OTATEMENT OF OTTATIONAL OWNEROUS	l =			

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 5	ecu	011 30(11)	or the r	nvesimer	IL COI	прапу Аст	01 19	40								
1. Name and Address of Reporting Person* <u>Capps Scott B</u>					2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Саррз	<u>JCUIL D</u>															Direc			10% O	-	
(Last) (First) (Middle)					3 D	Date of Earliest Transaction (Month/Day/Year)									X	Officer (give title below)			Other (below)	specify	
(Last) (First) (Middle) CRYOLIFE, INC.					03/05/2018											VP, Clinic	al Re	esearch			
1655 ROBERTS BLVD, NW				4 16	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(O) ()					4. 11	AIIIE	enament	Date 0	ii Originai	Filed	(MOHUI) a	ау/ те	ear)		ine)	iuai 0	r John/Group	HIIIIQ	y (Check A	pplicable	
(Street) KENNES	SAW G	Δ 5	30144												X	Form	n filed by One	e Repo	orting Pers	on	
, TEININE	DAW G		JU144													Form filed by More than One Reporting Person					
(City)	(SI	ate) (Zip)																		
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally C	wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Transaction Disposed Of (E Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4		4 and See Be Ow		. Amount of ecurities eneficially wned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount		(A) or (D)	Price	. 11	Reported Transaction(s) (Instr. 3 and 4)				(111511.4)		
Common Stock 03/0				03/05	/2018	2018 03/05/201		2018	A		4,000(1)		A	\$	\$0 1		135,827		D		
Common Stock			03/05	5/2018 0		03/05/	03/05/2018			607(2)		D	\$19.15		135,220			D			
		Та							,		sed of, onvertib				y Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (I 8)				6. Date Exercis Expiration Date (Month/Day/Ye		е	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	G F D o (I	O. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	ount mber ares							

Explanation of Responses:

- 1. Represents performance stock units granted on February 21, 2017 and earned at approximately 90% of target based on 2017 adjusted EBITDA. Fifty percent (50%) were issued on March 5, 2018. The remaining shares earned in connection with the February 2017 grant will vest and be issued as follows: 50% on 02/21/2019, and 50% on 02/21/2020, assuming continued employment on the relevant vesting
- 2. These shares were withheld upon the vesting of performance stock units to pay tax withholding obligations.

03/07/2018 /s/ Scott B. Capps

** Signature of Reporting Person

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.