## UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G

Under the Securities exchange Act of 1934

(AMENDMENT NO.1) \*

CRYOLIFE INC (NAME OF ISSUER) COM (TITLE OF CLASS OF SECURITIES) 228903100

\_\_\_\_\_ (CUSIP NUMBER)

December 31, 2002

(Date of event which requires filing of this Statement)

NOTE: A MAJORITY OF THE SHARES REPORTED IN THIS SCHEDULE 13G ARE HELD BY UNAFFILIATED THIRD-PARTY CLIENT ACCOUNTS MANAGED BY ALLIANCE CAPITAL MANAGEMENT L.P., AS INVESTMENT ADVISER. (ALLIANCE CAPITAL MANAGEMENT L.P. IS A MAJORITY-OWNED SUBSIDIARY OF AXA FINANCIAL, INC.)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

X Rule 13d-1(b) Rule 13d-1(c) Rule 13d-1(d)

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be 'filed' for the purpose of Section 18 of the Securities Exchange Act of 1934 ('Act') or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

(CONTINUED ON FOLLOWING PAGE(S))

CUSIP NO. 228903100 13G

Page 2 of 13 Pages

1. NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

AXA Assurances I.A.R.D. Mutuelle

2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP \*

(A) [X]

(B) [ ]

3. SEC USE ONLY

4. CITIZENSHIP OR PLACE OF ORGANIZATION

France

rrance		
	5. SOLE VOTING POWER	2,576
December 31, 2002 BY EACH	6. SHARED VOTING POWER	0
	7. SOLE DISPOSITIVE POWER	30,661
REPORTING PERSON WITH:	8. SHARED DISPOSITIVE POWER	0
9. AGGREGATE AMOUNT BENEF REPORTING PERSON	ICIALLY OWNED BY EACH	30,661
	s an admission of beneficial ow	nership)
10. CHECK BOX IF THE AGGRE SHARES *	GATE AMOUNT IN ROW (9) EXCLUDES	CERTAIN
11. PERCENT OF CLASS REPRE	SENTED BY AMOUNT IN ROW 9	0.2%
12. TYPE OF REPORTING PERS	ON *	
IC * SEE I	NSTRUCTIONS BEFORE FILLING OUT!	
CUSIP NO. 228903100	13G	Page 3 of 13 Pages
1. NAME OF REPORTING PERS S.S. OR I.R.S. IDENTIF	ON ICATION NO. OF ABOVE PERSON	
AXA Assurances Vie	Mutuelle	
2. CHECK THE APPROPRIATE	BOX IF A MEMBER OF A GROUP *	(A) [X] (B) []
3. SEC USE ONLY		
4. CITIZENSHIP OR PLACE O France	F ORGANIZATION	
	5. SOLE VOTING POWER	2,576
	6. SHARED VOTING POWER	0
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REPORTING PERSON	ICIALLY OWNED BY EACH	30,661
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IC * SEE I	NSTRUCTIONS BEFORE FILLING OUT!	
CUSIP NO. 228903100	13G	Page 4 of 13 Pages
1. NAME OF REPORTING PERS	ON ICATION NO. OF ABOVE PERSON	

AXA Conseil Vie Assurance Mutuelle

## 3. SEC USE ONLY

4.	CITIZENSHIP	OR	PLACE	OF	ORGANIZATION
	France				

NUMBER OF SHARES	5.	SOLE VOTING POWER	2,576
BENEFICIALLY			
OWNED AS OF	6.	SHARED VOTING POWER	0
December 31, 2002			
BY EACH	7.	SOLE DISPOSITIVE POWER	30,661
REPORTING			
PERSON WITH:	8.	SHARED DISPOSITIVE POWER	0

9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH 30,661
REPORTING PERSON
(Not to be construed as an admission of beneficial ownership)

10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \*

11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.2%

12. TYPE OF REPORTING PERSON \*

T.C.

\* SEE INSTRUCTIONS BEFORE FILLING OUT!

CUSIP NO. 228903100 13G Page 5 of 13 Pages

1. NAME OF REPORTING PERSON
S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

AXA Courtage Assurance Mutuelle

2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP \* (A) [X] (B) []

3. SEC USE ONLY

4. CITIZENSHIP OR PLACE OF ORGANIZATION France

NUMBER OF SHARES	5.	SOLE VOTING POWER	2 <b>,</b> 576
BENEFICIALLY			
OWNED AS OF	6.	SHARED VOTING POWER	0
December 31, 2002			
BY EACH	7.	SOLE DISPOSITIVE POWER	30,661
REPORTING			
PERSON WITH:	8.	SHARED DISPOSITIVE POWER	0

9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH 30,661
REPORTING PERSON
(Not to be construed as an admission of beneficial ownership)

10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES \*

- 11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.2%
- 12. TYPE OF REPORTING PERSON \*

IC

\* SEE INSTRUCTIONS BEFORE FILLING OUT!

CUSIP NO. 228903100 13G Page 6 of 13 Pages

1.	1. NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON					
	AXA					
2.	CHECK THE APPROPRIATE	BOX IF A MEMBER OF A GROUP *	(A) [ ] (B) [ ]			
3.	SEC USE ONLY					
4.	CITIZENSHIP OR PLACE France	OF ORGANIZATION				
		5. SOLE VOTING POWER	2,576			
	BENEFICIALLY OWNED AS OF	6. SHARED VOTING POWER	0			
	December 31, 2002 BY EACH	7. SOLE DISPOSITIVE POWER	30,661			
	REPORTING PERSON WITH:	8. SHARED DISPOSITIVE POWER	0			
9.	AGGREGATE AMOUNT BENE REPORTING PERSON	FICIALLY OWNED BY EACH	30,661			
	(Not to be construed	as an admission of beneficial owr	nership)			
10.	CHECK BOX IF THE AGGR SHARES *	EGATE AMOUNT IN ROW (9) EXCLUDES	CERTAIN			
11.	PERCENT OF CLASS REPR	ESENTED BY AMOUNT IN ROW 9	0.2%			
12.	TYPE OF REPORTING PER	SON *				
* SEE INSTRUCTIONS BEFORE FILLING OUT!						
CUSI	P NO. 228903100	13G	Page 7 of 13 Pages			
	NAME OF REPORTING PER		Page 7 of 13 Pages			
	NAME OF REPORTING PER	SON FICATION NO. OF ABOVE PERSON	Page 7 of 13 Pages			
1.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI AXA Financial, Inc	SON FICATION NO. OF ABOVE PERSON				
2.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI AXA Financial, Inc	SON FICATION NO. OF ABOVE PERSON . 13-3623351	(A) [ ]			
2.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI  AXA Financial, Inc CHECK THE APPROPRIATE	SON FICATION NO. OF ABOVE PERSON . 13-3623351 BOX IF A MEMBER OF A GROUP *	(A) [ ]			
2.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI  AXA Financial, Inc  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE State of Delaware  NUMBER OF SHARES	SON FICATION NO. OF ABOVE PERSON . 13-3623351 BOX IF A MEMBER OF A GROUP *	(A) [ ] (B) [ ]			
2.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI  AXA Financial, Inc  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE State of Delaware  NUMBER OF SHARES BENEFICIALLY OWNED AS OF	SON FICATION NO. OF ABOVE PERSON . 13-3623351 BOX IF A MEMBER OF A GROUP *  OF ORGANIZATION	(A) [ ] (B) [ ]			
2.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI  AXA Financial, Inc  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE State of Delaware  NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH	SON FICATION NO. OF ABOVE PERSON . 13-3623351 BOX IF A MEMBER OF A GROUP *  OF ORGANIZATION  5. SOLE VOTING POWER	(A) [] (B) [] 2,576			
2.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI  AXA Financial, Inc  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE State of Delaware  NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH REPORTING	SON FICATION NO. OF ABOVE PERSON . 13-3623351  BOX IF A MEMBER OF A GROUP *  OF ORGANIZATION  5. SOLE VOTING POWER 6. SHARED VOTING POWER	(A) [] (B) [] 2,576 0 30,661			
<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI  AXA Financial, Inc  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE State of Delaware  NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH REPORTING PERSON WITH:  AGGREGATE AMOUNT BENE REPORTING PERSON	SON FICATION NO. OF ABOVE PERSON . 13-3623351  BOX IF A MEMBER OF A GROUP *  OF ORGANIZATION  5. SOLE VOTING POWER 6. SHARED VOTING POWER 7. SOLE DISPOSITIVE POWER 8. SHARED DISPOSITIVE POWER FICIALLY OWNED BY EACH	(A) [] (B) []  2,576 0 30,661 0 30,661			
<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI  AXA Financial, Inc  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE State of Delaware  NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH REPORTING PERSON WITH:  AGGREGATE AMOUNT BENE REPORTING PERSON	SON FICATION NO. OF ABOVE PERSON . 13-3623351  BOX IF A MEMBER OF A GROUP *  OF ORGANIZATION  5. SOLE VOTING POWER 6. SHARED VOTING POWER 7. SOLE DISPOSITIVE POWER 8. SHARED DISPOSITIVE POWER	(A) [] (B) []  2,576 0 30,661 0 30,661			
1. 2. 3. 4.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI AXA Financial, Inc CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE State of Delaware  NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH REPORTING PERSON WITH:  AGGREGATE AMOUNT BENE REPORTING PERSON (Not to be construed)	SON FICATION NO. OF ABOVE PERSON . 13-3623351  BOX IF A MEMBER OF A GROUP *  OF ORGANIZATION  5. SOLE VOTING POWER 6. SHARED VOTING POWER 7. SOLE DISPOSITIVE POWER 8. SHARED DISPOSITIVE POWER FICIALLY OWNED BY EACH	(A) [] (B) []  2,576 0 30,661 0 30,661 nership)			

12. TYPE OF REPORTING PERSON \*

## \* SEE INSTRUCTIONS BEFORE FILLING OUT!

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Item 2(a) and (b)

Name of Person Filing and Address of Principal Business Office:

AXA Conseil Vie Assurance Mutuelle, AXA Assurances I.A.R.D Mutuelle, and AXA Assurances Vie Mutuelle, 370, rue Saint Honore 75001 Paris, France

AXA Courtage Assurance Mutuelle 26, rue Louis le Grand 75002 Paris, France

as a group (collectively, the 'Mutuelles AXA').

AXA

25, avenue Matignon 75008 Paris, France

AXA Financial, Inc. 1290 Avenue of the Americas New York, New York 10104

(Please contact Patrick Meehan at (212) 314-5644 with any questions.)

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Item 2(d) Title of Class of Securities:

COM

The Mutuelles AXA, as a group, acting as a parent holding company.

AXA as a parent holding company.

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	No. of Shares
The Mutuelles AXA, as a group	0
AXA	0
AXA Entity or Entities	0
AXA Financial, Inc.	0
Subsidiaries:	
Alliance Capital Management L.P. acquired solely for investment purposes on behalf of client discretionary investment advisory accounts:	
Common Stock	30,661
Total	30,661 =======

Each of the Mutuelles AXA, as a group, and AXA expressly declares that the filing of this Schedule 13G shall not be construed as an admission that it is, for purposes of Section 13(d) of the Exchange Act, the beneficial owner of any securities covered by this Schedule 13G.

Each of the above subsidiaries of AXA Financial, Inc. operates under independent management and makes independent decisions.

(b) Percent of Class: 0.2%

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ITEM 4. Ownership as of December 31, 2002 (CONT.)

(c) Deemed Voting Power and Disposition Power:

	Sole Power to Vote or to Direct	(ii) Deemed to have Shared Power to Vote or to Direct the Vote	Sole Power to Dispose or to Direct the	Shared Power to Dispose or to Direct the
The Mutuelles AXA, as a group AXA	0 0	0 0	0	0
AXA Entity or Entities	: 0	0	0	0
AXA Financial, Inc.	0	0	0	0
Subsidiaries:				
Alliance Capital Management L.P.	2 <b>,</b> 576	0	30,661	0
	2,576	0	30,661	0
	=======	========	========	========

Each of the above subsidiaries of AXA Financial, Inc. operates under independent management and makes independent voting and investment decisions.

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Item 5. Ownership of Five Percent or Less of a Class:

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of

more than five percent of the class of securities, check the following. (X)

- Item 6. Ownership of More than Five Percent on behalf of Another Person. N/A
- Item 7. Identification and Classification of the Subsidiary which Acquired the Security Being Reporting on by the Parent Holding Company:

This Schedule 13G is being filed by AXA Financial, Inc.; AXA, which owns AXA Financial, Inc.; and the Mutuelles AXA, which as a group control AXA:

- () in the Mutuelles AXAs' capacity, as a group, acting as a parent holding company with respect to the holdings of the following AXA entity or entities:
- ( ) in AXA's capacity as a parent holding company with respect to the holdings of the following AXA entity or entities:
- (X) in AXA Financial, Inc.'s capacity as a parent holding company with respect to the holdings of the following subsidiaries:
- (X) Alliance Capital Management L.P. (13-3434400), an investment adviser registered under Section 203 of the Investment Advisers Act of 1940.

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- Item 8. Identification and Classification of Members of the Group. N/A
- Item 9. Notice of Dissolution of Group:

N/A

Item 10. Certification:

By signing below I certify that to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purposes or effect.

Signature

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 12, 2003 AXA FINANCIAL, INC.\*

/s/ Alvin H. Fenichel

Alvin H. Fenichel Senior Vice President and Controller

<sup>\*</sup>Pursuant to the Joint Filing Agreement with respect to Schedule 13G attached hereto as Exhibit I, among AXA Financial, Inc., AXA Conseil Vie Assurance Mutuelle, AXA Assurances I.A.R.D Mutuelle, AXA Assurances Vie Mutuelle, AXA Courtage Assurance Mutuelle, and AXA, this statement Schedule 13G is filed on behalf of each of them.

EXHIBIT I

## JOINT FILING AGREEMENT

Each of the undersigned hereby agrees that the Schedule 13G filed herewith is filed jointly, pursuant to Rule 13d-1(f)(1) of the Securities Exchange Act of 1934, as amended on behalf of each of them.

Dated: February 12, 2003

AXA Financial, Inc.

BY: /s/ Alvin H. Fenichel

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Alvin H. Fenichel Senior Vice President and Controller

AXA Assurances I.A.R.D. Mutuelle; AXA Assurances Vie Mutuelle; AXA Conseil Vie Assurance Mutuelle; AXA Courtage Assurance Mutuelle, as a group, and AXA

Signed on behalf of each of the above entities

BY: /s/ Alvin H. Fenichel

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Alvin H. Fenichel Attorney-in-Fact (Executed pursuant to Powers of Attorney)