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*     LEE DAVID ASHLEY					<u>CR'</u>	2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [ CRY ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner						
(Last)	(Fi IFE, INC.	rst) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2004												low)	er (give title v) VP, CFO and 7		Other (specify below)  Freasurer		
1655 RO	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street) KENNE	SAW GA	<b>A</b> 3	30144													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	tate) (	Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			Code (Instr.			4. Securities Acquired Disposed Of (D) (Instr. and 5)						ties Fe cially (D In		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	:	(A) or (D)	Price	Reporte Transa				4)	(111301. 4)				
Common Stock 06/1					2004	2004				M		12,50	00	A	\$2.	2	20,557(1)		D			
Common Stock																1,700				By Parents <sup>(2)</sup>		
Common Stock																1,500				By Children		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transact Code (In 8)				Exp	Date Exe piration I onth/Day	Date		7. Title and Amount of Securities Underlying Derivative Security (Instrant 4)		l nstr. 3	of Derivar Securit (Instr.	3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	ite ercisable		xpiration ate	Title	1	Amount or Number of Shares							
Stock Option	\$2.2	06/14/2004			М		12,500 (		08/	/31/2003 <sup>(3</sup>	08	8/31/2007		imon ock	12,500	\$0		50,000		D		

## **Explanation of Responses:**

- 1. Includes 1,302 shares acquired under the CryoLife, Inc. stock purchase plan between January, 2003 to present.
- 2. The reporting person holds 1,700 shares indirectly through parents for which the reporting person has power of disposition only and disclaims beneficial ownership. This report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other reason.
- 3. Stock option vests twenty percent per year beginning on first anniversary of grant date.

## Remarks:

D.A. Lee

06/16/2004

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.