

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, D.C. 20549
 FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.
 Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person
 GRAY, BENJAMIN H.
 c/o CryoLife, Inc.
 1655 Roberts Boulevard, NW
 Kennesaw, GA 30144
2. Issuer Name and Ticker or Trading Symbol
 CRYOLIFE, INC.
 CRY
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
 March 2000
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 (X) Director () 10% Owner () Officer (give title below) () Other
 (specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)
 (X) Form filed by One Reporting Person
 () Form filed by More than One Reporting Person

1. Title of Security	2. Transaction Date	3. Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Price	6. Amount of Securities Beneficially Owned at End of Month	7. Nature of Indirect Beneficial Ownership (D or I)
Common Stock	3-6-00	M	140,000	3.625		
Common Stock	3-6-00	S	15,888	4.625	40,424	

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	4. Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Amount	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities	8. Price of Derivative Security	9. Number of Derivative Securities	10. Nature of Indirect Beneficial Ownership (D or I)
OPTION	3.625	3-6-00	M	140,000	15-05-00	Common Stock	N/A	0	

Explanation of Responses:

(1) Options are fully vested.

SIGNATURE OF REPORTING PERSON

BENJAMIN H. GRAY

DATE

March 16, 2000