FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| 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). 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. Name and Address of Reporting Person* <u>Holloway Jean F</u> | | | | 2. Issuer Name and Ticker or Trading Symbol ARTIVION, INC. [AORT] | | | | | | | | ck all applic Directo | ctor | | on(s) to Issu 10% Ov Other (s | Owner | | | |
|--|--|------------|--|---|---|---|-------|--|--|-----|---|---|---|---|---|---|-------|--|---------------------------------------|
| (Last) 1655 RO | (F BERTS BI | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2022 | | | | | | | , x | Officer (give title below) Oth below SVP, General Counse | | | | респу | | |
| (Street) KENNES (City) | | | 30144 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Inc Line) | Form fi | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | Execution Date, | | Transaction Disposed (| | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) P | | Price | Transact (Instr. 3 a | ion(s) | | | (111341. 4) |
| Common Stock 11/08/ | | | | /2022 | | A | | 22,439 | 22,439 ⁽¹⁾ A | | \$ <mark>0</mark> | 123,633 | | | D | | | | |
| | 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) | Derivative Conversion Date Security or Exercise (Month/Day) | | 3A. Deemed Execution Da if any (Month/Day/Y | Co | nsacti de (Ins | ion of str. Do Se Ac (A Di of | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | de V | , (A | A) | | Date Exercisable | | Expiration Date | Title | O N O | lumber | | | | | |
| Common Stock | \$11.03 | 11/08/2022 | 11/08/202 | 2 A | | 53 | 3,804 | | 11/08/2023 | (2) | 11/08/2029 | Commo | n 5 | 53,804 | \$0 | 53,804 | | D | |

Explanation of Responses:

- 1. Represents shares of restricted stock that vest on the third anniversary of the grant date if the reporting person remains in the continuous employ of the Company.
- 2. Stock option vests 33 1/3% per year beginning on the first anniversary of the grant date

Remarks:

/s/ Jean F Holloway

11/09/2022

** 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 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.