FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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     BEVEVINO DANIEL J	2. Date of Every Requiring St (Month/Day/	atement	3. Issuer Name and Ticker or Trading Symbol  CRYOLIFE INC [ CRY ]					
(Last) (First) (Middle	12/04/200	3	4. Relationship of Reporting Pen (Check all applicable)	. ,	ıoM)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
RESPIRONICS, INC. 1010 MURRY RIDGE LANE  (Street)  MURRYSVILLE PA 1560	68		X Director Officer (give title below)	10% Owne Other (spe below)	6. In	6. Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person		
(City) (State) (Zip)								
	Table I - N	lon-Derivati	ve Securities Beneficial	y Owned				
1. Title of Security (Instr. 4)			. Amount of Securities eneficially Owned (Instr. 4)	1		Nature of Indirect Beneficial Ownership (Instr. 5)		
			e Securities Beneficially nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)	2. Date Expiration (Month/Da		3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisal	Expiration ple Date	Title	Amount or Number of Shares	Price of			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Daniel J. Bevevino 12/05/2003

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).