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* Capps Scott B | | | | <u>CR</u> | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | | | | | | | | | Relationship eck all app Direc | , | ng Pe | erson(s) to Is | | | |
|--|--|------------|----------|--------------------------------|--|--|----------|---------|--|-------------------------|--------------------|---|--------------------------------|---|---|---|----------------|--|--|--|
| (Last) | (1 | First) | (Middle) | | 3. Dat | | | st Irar | nsaction (Mo | action (Month/Day/Year) | | | | | belov | Officer (give title below) | | Other (specify below) | | |
| CRYOLIFE, INC. | | | | | | | | | | | | | | | VP-Clinical Research | | | | | |
| 1655 ROBERTS BLVD., NW | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form | filed by One | e Rep | orting Pers | on | |
| KENNE: | SAW (| GA | 30144 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (: | State) | (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | Code (Instr. and 5) | | | | | | Securi Benefi Owned | Securities Beneficially Owned | | wnership n: Direct or rect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amoun | t (A | or | Price | Report Transa | | | , | (| |
| Common Stock 02/18/2 | | | | 2012 | .012 | | | A | | 8,33 | 3 ⁽¹⁾ A | | \$ <mark>0</mark> | 5 | 51,773 | | 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) | 2. Conversio or Exercise Price of Derivative Security | |) if any | emed on Date, /Day/Year) | 4. Transaction Code (Instr. 8) | | n Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | . 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y 1 | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisable | Ex Da | piration te | Title | Amo or Num of Shar | | | | | | | |
| Stock Option | \$5.67 | 02/18/2012 | | | A | П | 8,332 | | 02/18/2013(2 | 02 | /18/2019 | Commor Stock | 8,3 | 32 | \$0 | 8,332 | | 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 first anniversary of grant date.

Remarks:

<u>/s/ Scott B. Capps</u> <u>02/22/2012</u>

** 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.