UNITED STATES S WASHINGTON, D.O FORM 5		EXCHANGE	COMMISSIC	N			
ANNUAL STATEMEN () Check box i Form 4 or Form () Form 3 Hold () Form 4 Tran 1. Name and Add FRONK, DAVII c/o CryoLife	of no longer so the state of Report	subject to may cont l orted ting Pers	Section 1 inue. See	.6.	s 1(b)		
CRY 3. IRS or Socia		ımber of R	eporting E	erson (Volu	ıntary)	
4. Statement for 12/1999 5. If Amendment		ginal (Mo	nth/Year)				
(specify bell Vice Preside 7. Individual (X) Form fill () Form fill	c () 10% Own low) ent - Clinical or Joint/Group led by One Rep led by More th	Research Reportin Porting Pe	fficer (gi	ve title be applicable I	elow)		
Table I Non-Derivat.							
1. Title of Security	Transaction 0 Date Code 	Securities Acquor Disposed of Amount	(D)	5.Amount of Securities Beneficially Owned at End of Year	lect	c c	or indirect
Table II Derivative	Securitites Acquired	, Disposed of,	or Beneficially	Owned			
1.Title of Derivative Security	version Transaction or Exer Date Code cise Pr ice of Deriva tive	n rivative Secu rities Acqui red(A) or Dis posed of(D) 	cisable and Expiration Date(Month/ Day/Year) Date Expir Exer- ation cisa- Date	of Underlying Securities Title and Number of Shares	of Deri vative Secu rity 	of Deriva tive Securities Benefi ficially Owned at End of	Dir Indirect ect Beneficial (D) Ownership or Ind

Explanation of Responses:

(1) Options exercisable in five equal annual installments beginning on 12-9-00.

SIGNATURE OF REPORTING PERSON DAVID FRONK

DATE

February 8, 2000