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
ELKINS, RONALD C. M.D.
c/o CryoLife, Inc.
1655 Roberts Boulevard, N.W.
Kennesaw, GA 30144
USA
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

04/30/2002

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) Director

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. 3. 4.Securities Acq Transaction or Disposed of 	(D)	5.Amount of Securities Beneficially Owned at End of Month	6.Dir 7.Nature of Indirect ect Beneficial Ownership (D)or Indir ect(I)		
Common Stock	4-30-0 S 1,000	ID (\$29.31		1 D		
Common Scock	12		11,520	1	i	

		10.	4.	o.Numbe	r or D	e 6.	Date Exe	r /.	Title and Amo	ount 8.	Price	9.Number	10. 11.Nature
-	version	Trans	action	rivati	ve Seci	u ci	sable an	d	of Underlying	g loi	Deri	of Deriva	Dir Indirect
	or Exer	1	1	rities	Acqui	Ex	piration	1	Securities	va	ative	tive	ect Beneficia
	cise		1	red(A)	or Di	s Da	te (Month	/		Se	ecu	Securities	(D) Ownership
	Price of		1	posed	of(D)	Da	y/Year)	1		ri	ty	Benefi	or
	Deriva-		1	1		Da	te Expi	r		1		ficially	Ind
	tive		1	1		A/ Ex	er- atio	n	Title and Nu	ımber		Owned at	ire
	Secu-		1 1	1	1	D ci	sa- Date	1	of Shares	1		End of	ct
	rity	Date	Code	/ Amoun	t	bl	e	1		1		Month	(I)

Explanation of Responses: SIGNATURE OF REPORTING PERSON /s/ Ronald C. Elkins, M.D. DATE

May 2, 2002