FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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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*  Mackin James P						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CRYOLIFE INC [ CRY ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
			7. F. I. II. \			3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014								X	Officer below)	r (give title		10% O Other ( below)			
(Last)	,	irst)	(Middle)		00,0	07/02/2017									President & CEO						
	IFE, INC.															Presider	n & C	LEU			
1655 ROBERTS BLVD, NW							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form fi	led by One	e Repo	orting Pers	on		
KENNE:	SAW G	A :	30144												Form fi Person	-	e thar	One Rep	orting		
(City)	(S	tate)	(Zip)																		
		Tab	le I - N	Non-Deri	vative	Sec	urities	Ac	quired,	Dis	posed of	, or Be	enefic	ially	Owned	I					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date			3. 4. Securities Acq Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (and 5)						5. Amount of Securities Beneficially Owned Following		Form (D) o	: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		ice	Reporte Transac			. 4)	(111501 . 4)		
Common Stock 09/02/20						014		A		250,000 <sup>(1)</sup> A			\$ <mark>0</mark>	250,000		D					
			Tab	le II - Der (e.g							osed of, o			y Ow	ned						
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst 8)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy g	10. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)	(A) (D)		Date Exercisable		Am or Nui of Title Sha		ber							
Stock Option (Right to Buy)	\$10.18	09/02/2014			A		400,000		09/02/201	5 <sup>(2)</sup>	09/02/2021	Common Stock	400,	000	\$0	400,00	00	D			

## **Explanation of Responses:**

- 1. Represents shares of restricted stock that cliff vest on September 2, 2017, provided (i) Mr. Mackin's employment with CryoLife continues through such date, and (ii) CryoLife achieves at least \$20 million in adjusted EBITDA over any four consecutive quarters during Mr. Mackin's employment.
- 2. Stock option vests 33 1/3% per year beginning on first anniversary of grant date (September 2, 2014).

<u>/s/ James P. Mackin</u> <u>09/04/2014</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.