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.

USA
2. Issuer Name and Ticker or Trading Symbol
CRYOLIFE, INC.
CRY

1655 Roberts Boulevard, N.W.

- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year 02/12/2002

Kennesaw, GA 30144

- 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 		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	2-12-0 S 1,900	D \$26.10	1			
	2	 	 			
	2	 	 47,876	 		
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Table II Derivativ	e Securit	ites A	Acquir	ed,	Dispose	d of,	0	r Bene	eficia	lly	Owned				
1.Title of Derivative Security		Trans		1	rivativ rities red(A) posed o	e Sec Acqui or Di f(D)	u .s	cisab	ole and sation (Month Year) Expinition E	d 	of Underlyi Securities Title and	ng	of Der: vative Secu rity	e 9.Number i of Deriva tive Securities Benefi ficially Owned at End of Month	10. 11. Nature of Dir Indirect ect Beneficial (D) Ownership or Ind ire
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Explanation of Responses: SIGNATURE OF REPORTING PERSON Ronald C. Elkins, M.D. DATE

March 7, 2002