The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

| UNITE | D STATES SECURITI | | GE COMMISSION | OMB APPROVAL |
|-----------------------------------|-------------------------|------------------------------------|-------------------|--|
| | | gton, D.C. 20549 F ORM D | | OMB Number: 3235-0076 |
| | | | | Estimated average burden hours per response: 4.00 |
| | Notice of Exemp | ot Offering of Secu | rities | |
| | | | | |
| 1. Issuer's Identity | | | | |
| CIK (Filer ID Number) | Previous Names | X None | Entity Type | |
| 0000784199 | | | X Corporation | |
| Name of Issuer | | | Limited Partner | ship |
| CRYOLIFE INC | | | Limited Liability | |
| Jurisdiction of Incorporation/Org | anization | | General Partne | |
| FLORIDA | | | Business Trust | |
| Year of Incorporation/Organizatio | on | | | |
| X Over Five Years Ago | | | Other (Specify) | |
| Within Last Five Years (Spe | cify Year) | | | |
| Yet to Be Formed | | | | |
| 2. Principal Place of Business | and Contact Information | | | |
| Name of Issuer | | | | |
| CRYOLIFE INC | | | | |
| Street Address 1 | | Street Address 2 | | |
| 1655 ROBERTS BOULEVARD N | W | | | |
| City | State/Province/Country | ZIP/PostalCode | Phone Number of | Issuer |
| KENNESAW | GEORGIA | 30144 | 7704193355 | |
| 3. Related Persons | | | | |
| Last Name | First Name | | Middle Name | |
| ANDERSON | STEVEN | | G. | |
| Street Address 1 | Street Address 2 | | | |
| 1655 ROBERTS BOULEVARD, N | ſ.W. | | | |
| City | State/Province/C | ountry | ZIP/PostalCode | |
| KENNESAW | GEORGIA | | 30144 | |
| Relationship: X Executive Offic | er X Director Promoter | | | |
| Clarification of Response (if Nec | essary): | | | |
| Last Name | First Name | | Middle Name | |
| ACKERMAN | THOMAS | | F. | |
| Street Address 1 | Street Address 2 | | | |
| 1655 ROBERTS BOULEVARD, N | | | | |
| City | State/Province/C | ountry | ZIP/PostalCode | |
| KENNESAW | | | 30144 | |
| Relationship: Executive Offic | | | | |
| Clarification of Response (if Nec | essary): | | | |
| Last Name | First Name | | Middle Name | |
| BENSON | JAMES | | S. | |
| Street Address 1 | Street Address 2 | | | |
| 1655 ROBERTS BOULEVARD, N | I.W. | | | |

| City KENNESAW Relationship: Executive Officer Direct | State/Province/Country GEORGIA ctor Promoter | ZIP/PostalCode 30144 |
|---|--|-------------------------|
| Clarification of Response (if Necessary): | | |
| Last Name BEVEVINO Street Address 1 1655 ROBERTS BOULEVARD, N.W. | First Name DANIEL Street Address 2 | Middle Name J. |
| City KENNESAW Relationship: Executive Officer X Direct | State/Province/Country GEORGIA ctor Promoter | ZIP/PostalCode 30144 |
| Clarification of Response (if Necessary): | | |
| Last Name ELKINS, M.D. Street Address 1 1655 ROBERTS BOULEVARD, N.W. | First Name RONALD Street Address 2 | Middle Name C. |
| City KENNESAW Relationship: Executive Officer Direct | State/Province/Country GEORGIA ctor Promoter | ZIP/PostalCode 30144 |
| Clarification of Response (if Necessary): | | |
| Last Name MCCALL, ESQ. Street Address 1 1655 ROBERTS BOULEVARD, N.W. | First Name RONALD Street Address 2 | Middle Name D. |
| City KENNESAW Relationship: Executive Officer X Direct | State/Province/Country GEORGIA ctor Promoter | ZIP/PostalCode 30144 |
| Clarification of Response (if Necessary): | | |
| Last Name MORGAN Street Address 1 1655 ROBERTS BOULEVARD, N.W. | First Name HARVEY Street Address 2 | Middle Name |
| City KENNESAW Relationship: Executive Officer X Direct | State/Province/Country GEORGIA ctor Promoter | ZIP/PostalCode 30144 |
| Clarification of Response (if Necessary): | | |
| Last Name BURRIS, ESQ. Street Address 1 1655 ROBERTS BOULEVARD, N.W. | First Name JEFFREY Street Address 2 | Middle Name W. |
| City KENNESAW Relationship: X Executive Officer Direct | State/Province/Country GEORGIA ctor Promoter | ZIP/PostalCode 30144 |
| Clarification of Response (if Necessary): | | |
| Last Name CAPPS Street Address 1 | First Name SCOTT Street Address 2 | Middle Name B. |

| 4. Industry Group | | | |
|--|------------------------|----------------|--|
| Clarification of Response (if Necessar | y): | | |
| | Director Promoter | | |
| KENNESAW | GEORGIA | 30144 | |
| City | State/Province/Country | ZIP/PostalCode | |
| 1655 ROBERTS BOULEVARD, N.W. | | | |
| Street Address 1 | Street Address 2 | | |
| SEERY | GERALD | В. | |
| Last Name | First Name | Middle Name | |
| Clarification of Response (if Necessar | y): | | |
| Relationship: X Executive Officer | Director Promoter | | |
| KENNESAW | GEORGIA | 30144 | |
| City | State/Province/Country | ZIP/PostalCode | |
| 1655 ROBERTS BOULEVARD, N.W. | | | |
| Street Address 1 | Street Address 2 | | |
| LEE | D. | ASHLEY | |
| Last Name | First Name | Middle Name | |
| Clarification of Response (if Necessar | y): | | |
| Relationship: X Executive Officer | Director Promoter | | |
| KENNESAW | GEORGIA | 30144 | |
| City | State/Province/Country | ZIP/PostalCode | |
| 1655 ROBERTS BOULEVARD, N.W. | | | |
| Street Address 1 | Street Address 2 | | |
| HEACOX, PH.D. | ALBERT | Е. | |
| Last Name | First Name | Middle Name | |
| Clarification of Response (if Necessar | y): | | |
| Relationship: X Executive Officer | Director Promoter | | |
| KENNESAW | GEORGIA | 30144 | |
| City | State/Province/Country | ZIP/PostalCode | |
| 1655 ROBERTS BOULEVARD, N.W. | | | |
| Street Address 1 | Street Address 2 | | |
| FRONK | DAVID | М. | |
| Last Name | First Name | Middle Name | |
| Clarification of Response (if Necessar | y): | | |
| | Director | | |
| | | 50144 | |
| City KENNESAW | GEORGIA | 30144 | |
| 1655 ROBERTS BOULEVARD, N.W. | State/Province/Country | ZIP/PostalCode | |
| 1655 POREPTS BOULEVARD NW | | | |

| Agriculture | Health Care | Retailing |
|---|------------------------|---------------------------|
| Banking & Financial Services | X Biotechnology | Restaurants |
| Commercial Banking | Health Insurance | Technology |
| Insurance | Hospitals & Physicians | |
| Investing | | |
| Investment Banking | Pharmaceuticals | Telecommunications |
| Pooled Investment Fund | Other Health Care | Other Technology |
| Is the issuer registered as | Manufacturing | Travel |
| an investment company under the Investment Company | Real Estate | Airlines & Airports |
| Act of 1940? | Commercial | Lodging & Conventions |
| Yes No | Construction | Tourism & Travel Services |
| Other Banking & Financial Services | REITS & Finance | |
| Business Services | Residential | Other Travel |
| Energy | | Other |
| Coal Mining | Other Real Estate | |
| Electric Utilities | | |
| Energy Conservation | | |
| Environmental Services | | |
| Oil & Gas | | |

5. Issuer Size

Other Energy

| Revenue Range | OR | Aggregate Net Asset Value Range |
|---------------------------------|----|---------------------------------|
| No Revenues | | No Aggregate Net Asset Value |
| \$1 - \$1,000,000 | | \$1 - \$5,000,000 |
| \$1,000,001 - \$5,000,000 | | \$5,000,001 - \$25,000,000 |
| \$5,000,001 - \$25,000,000 | | \$25,000,001 - \$50,000,000 |
| \$25,000,001 - \$100,000,000 | | \$50,000,001 - \$100,000,000 |
| X Over \$100,000,000 | | Over \$100,000,000 |
| Decline to Disclose | | Decline to Disclose |
| Not Applicable | | Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

| Rule 504(b)(1) (not (i), (ii) or (iii)) | Rule 505 | |
|---|---------------------------|------------------|
| Rule 504 (b)(1)(i) | X Rule 506 | |
| Rule 504 (b)(1)(ii) | Securities Act Section 4(| 5) |
| Rule 504 (b)(1)(iii) | Investment Company Act | Section 3(c) |
| | Section 3(c)(1) | Section 3(c)(9) |
| | Section 3(c)(2) | Section 3(c)(10) |
| | Section 3(c)(3) | Section 3(c)(11) |
| | Section 3(c)(4) | Section 3(c)(12) |
| | Section 3(c)(5) | Section 3(c)(13) |
| | Section 3(c)(6) | Section 3(c)(14) |
| | Section 3(c)(7) | |

| 7. Type of Filing | | |
|---|---|----------------------|
| X New Notice Date of First Sale 2010-09-28 First Sale Yet to Amendment | Occur | |
| 8. Duration of Offering | | |
| Does the Issuer intend this offering to last more than one year? | Yes X No | |
| 9. Type(s) of Securities Offered (select all that apply) | | |
| Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities her Other (describe) | |
| 10. Business Combination Transaction | | |
| Is this offering being made in connection with a business combination merger, acquisition or exchange offer? Clarification of Response (if Necessary): | ion transaction, such as a $\qquad \qquad $ | |
| 11. Minimum Investment | | |
| Minimum investment accepted from any outside investor \$0 USD | | |
| 12. Sales Compensation | | |
| · · · · · · · · · · · · · · · · · · · | Recipient CRD Number X None | |
| — — — — — — — — — — — — — — — — — — — | (Associated) Broker or Dealer CRD Number X None | |
| | Street Address 2 | ZID/Deetel Cede |
| City State(s) of Solicitation (select all that apply) Check "All States" or check individual States | State/Province/Country | ZIP/Postal Code |
| 13. Offering and Sales Amounts | | |
| | | |
| Total Offering Amount \$1,250,000 USD or Indefinite | | |
| Total Amount Sold \$1,250,000 USD | | |
| Total Remaining to be Sold \$0 USD or Indefinite | | |
| Clarification of Response (if Necessary): | | |
| Offering amount represents the stock portion of consideration paid pursu | ant to a product Distribution Agreement. | |
| 14. Investors | | |
| Select if securities in the offering have been or may be sold to enter the number of such non-accredited investors who already Regardless of whether securities in the offering have been or m investors, enter the total number of investors who already have | have invested in the offering. hay be sold to persons who do not qualify as accredited | 1 |
| 15. Sales Commissions & Finder's Fees Expenses | | |
| Provide separately the amounts of sales commissions and finders f estimate and check the box next to the amount. | ees expenses, if any. If the amount of an expenditure is no | ot known, provide an |
| Sales Commissions \$0 USD Estimate | | |
| Finders' Fees \$0 USD Estimate | | |

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of:

 (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer | Signature | Name of Signer | Title | Date |
|--------------|--------------|----------------|--|------------|
| CRYOLIFE INC | /s/ D.A. Lee | D. Ashley Lee | Exec. VP, Chief Operating Officer, CFO and Treasurer | 2010-10-12 |

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D. States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.