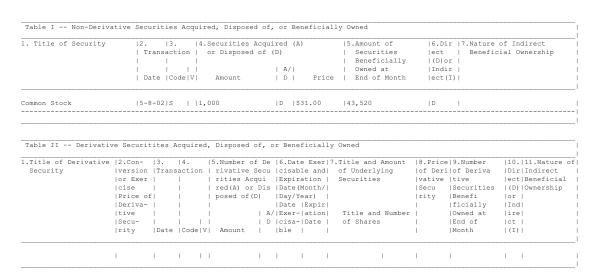
UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 FORM 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP () Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instructions 1(b). 1. Name and Address of Reporting Person ELKINS, RONALD C. 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 05/08/2002 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



Explanation of Responses: SIGNATURE OF REPORTING PERSON /s/ Ronald C. Elkins, M.D. DATE June 7, 2002