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

- 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 11/2000
- 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)
- 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	11-2-0 S 1,700	D \$38.00	22,913	D
Common Stock	11-2-0 S 1,900 0	D \$38.1875	 	
Common Stock	11-2-0 S 400 0	D \$38.25 	 	
Common Stock	11-3-0 S 200 0	D \$38.00 	 	
Common Stock	11-7-0 S 4,830 0	D \$40.00	 	
Common Stock	11-20- S 3,800 00	D \$49.25	 	

.Title of Derivative	2.Con-	13.	4.	- 13	5.Number	of De	6.D	ate Exe	er 7	.Title and	Amount	8.Price	e 9.Number	10. 11.Nat	ure
Security	version	Trans	sactio	n	rivative	e Secu	cis	able an	nd	of Underly	ing	of Deri	of Deriva	Dir Indire	ct
	or Exer	1	1	- 1	rities A	Acqui	Exp	iratio	n	Securities		vative	tive	ect Benefi	cial
	cise	1	1	- 1	red(A)	or Dis	Dat	e (Mont)	1/			Secu	Securities	(D) Owners	hip
	Price of	1	1		posed o	f(D)	Day	/Year)	-			rity	Benefi	or	
	Deriva-	1	1				Dat	e Exp:	ir			1	ficially	Ind	
	tive	1	1	- 1		A	/ Exe	r- atio	on	Title and	Number	1	Owned at	ire	
	Secu-	1	1	$ \cdot $		E	cis	a- Date	e	of Shares		1	End of	ct	
	rity	Date	Code	V	Amount	1	ble	1	- 1			1	Month	(I)	
	rity	Date	Code	V	Amount	1	ble	1	I			I	Month	(I)	

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

December 8, 2000