FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

				B APPROVAL	
STATEMEN	NT OF CHANGES IN BENEFICIAL OWN		OMB Number: 3235-0287 Estimated average burden		
Filed	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	hours per re	esponse: 0.5		
1	2. Issuer Name and Ticker or Trading Symbol <u>ARTIVION, INC.</u> [AORT]	(Check all ap Dire	pplicable) ector	10% Owner	
(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024		ow)	Other (specify below) sources	
	4. If Amendment, Date of Original Filed (Month/Day/Year)		or Joint/Group Filir	ng (Check Applicable	
30144		X For	m filed by More that	0	
	-	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 * 2. Issuer Name and Ticker or Trading Symbol ARTIVION, INC. [AORT] 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)	* 2. Issuer Name and Ticker or Trading Symbol 5. Relationsl (Check all aj Diring Symbol) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationsl (Check all aj Diring Symbol) 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024 6. Individual Line) 30144 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Line)	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 * 2. Issuer Name and Ticker or Trading Symbol ARTIVION, INC. [AORT] 5. Relationship of Reporting Per (Check all applicable) 02/23/2024 Director X Officer (give title below) VP, Human Re 4. If Amendment, Date of Original Filed (Month/Day/Year) X Form filed by One Rep	

(City) (State) Rule 10b5-1(c) Transaction Indication

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	02/23/2024		A		9,250 ⁽¹⁾	A	\$ <mark>0</mark>	37,942	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

												-			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents shares of restricted stock that vest 33 1/3% per year beginning on the first anniversary of the grant date, pursuant to the terms of the Equity and Cash Incentive Plan. Remarks:

/s/ Matthew A. Getz

** Signature of Reporting Person Date

02/26/2024

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).

(Zip)

** 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.