FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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Check this box if no longer subject
o Section 16. Form 4 or Form 5
bligations may continue. See
noterrotion 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Stanton Marshall S.						2. Issuer Name and Ticker or Trading Symbol ARTIVION, INC. [AORT]									all app	licable) tor	ng Pe	erson(s) to Is	vner
(Last) 1655 RO	ast) (First) (Middle) 655 ROBERTS BLVD., NW					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024									Officer (give title below) SVP, Clinical		l & 1	Other (s below) MD Affair	
(Street) KENNE	itreet) XENNESAW GA 30144					4. If Amendment, Date of Original Filed (Month/Day/Year) 03/07/2024									dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (Z	Zip)		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 - N	on-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Year) Executi		emed ion Date, //Day/Year)					Acquired (A) or (D) (Instr. 3, 4 ar		and 5) Sec Ben Owr		Amount of curities neficially rned Following		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price		Report Transa (Instr.	nsaction(s) str. 3 and 4)			(Instr. 4)
Common Stock 03/0)24				Α		5,724 ⁽¹⁾	A	\$0) 86		6,985(2)		D	
Common Stock 03/				03/01/20)24				S		1,506(3)	D	\$18.7	221 85,479 ⁽²⁾		,479(2)	479 ⁽²⁾ 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)	Exec if any	Deemed ution Date, / th/Day/Year)	4. Transa Code (8)				Expir (Mon	ration D	Year)	7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4) Amou or Numb of Title Share:		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Represents LTIP performance stock units of which one hundred percent (100%) were issued on March 1, 2024.
- 2. As a result of the administrative error in reporting the number of shares sold in the sell to cover transactions on February 26, 2024, the number of shares reported as beneficially owned in this amendment reflects an increase in the number of shares reported as beneficially owned in the original Form 4.
- 3. These shares were sold upon the vesting of performance stock units to pay tax withholding obligations. The sale was to satisfy tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary transaction.

Remarks:

/s/ Marshall Stanton

** Signature of Reporting Person

03/14/2024

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).
- ** 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.