FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| Name and Address of Reporting Person* Benson James | | | | | CR | Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | neck a | ll appl Direct | icable) or | ng Pei | rson(s) to Issuer | |
|--|---|--|-----------------|-------------------------|--------------------------------|--|------|--------|---|-------|--|---|--|---|----------------------------|--|--|--|--|
| (Last) | (Fi | rst) (| Middle | e) | | 05/04/2011 | | | | | | | | | Officer (give title below) | | | Other (below) | specify |
| CRYOLIFE, INC. 1655 ROBERTS BLVD., NW | | | | | 4. If a | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) KENNES | reet) ENNESAW GA 30144 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | eI- | Non-Deriv | vative | Sec | urit | ies A | cquirec | l, Di | sposed o | of, or Be | eneficia | lly O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Year) if | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | cially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Repo Tran | | | | | (111341. 4) |
| Common Stock 05/04/2 | | | | | 11 | 1 | | | M | | 10,000 | A | \$5 | 51 | | 0,000 | | D | |
| Common Stock 05/04/2 | | | 05/04/20 | 11 | .1 | | S | | 10,000 | D | \$5.428 | \$5.4289(1) | | 40,000 | | D | | | |
| | | Ta | able | II - Deriva (e.g., p | | | | | | | posed of, converti | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. Transac Code (I 8) | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | ate | 7. Title an Amount of Securities Underlyin Derivative Security and 4) | of s ng e (Instr. 3 | Secu | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option | \$5 | 05/04/2011 | | | M | | | 10,000 | 05/05/2 | 006 | 05/05/2011 | Common Stock | 10,000 | \$ | 0 | 0 | | D | |

Explanation of Responses:

1. \$5.4289 is the weighted average price for a range of sales between \$5.41 and \$5.45. Reporting person undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ D.A. Lee, Attorney-in-Fact 05/06/2011

** Signature of Reporting Person Date

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.