SEC Form 5

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FORM 5

Form 3 Holdings Reported.

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

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

OMB APPROVAL

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|---|--------------------------|-----------|--|--|--|--|--|--|--|
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| | Estimated average burden | | | | | | | | |
| | hours per response: | 1.0 | | | | | | | |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| | | 0 Transaction | A Deserved | | | wined (A) an Diana | | | 6 | 7 Mature of |
|--|---|------------------|-----------------------------|-------------------|---|--|--------|---------------------------|---------------|-------------|
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | Form filed by M Person | lore than One | Reporting |
| KENNESAW | GA | 30144 | | | | | X | Form filed by C | 1 0 | |
| , (Street) | 4. If Amendme | nt, Date of Orig | inal Filed (Month | n/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| 1655 ROBERTS | S BLVD., NW | | | | | | | 5 V F, Ge | | CI |
| (Last) | (First) (Middle) | | 3. Statement for 12/31/2022 | or Issuer's Fisca | al Year Ended (M | X | below) | | low) | |
| 1. Name and Addre Holloway Jea | 2. Issuer Name and Ticker or Trading Symbol <u>ARTIVION, INC.</u> [AORT] | | | | | elationship of Reporting Person(s) to Issuer ck all applicable) Director 10% Owner Officer (give title Other (specify | | | | |
| Form 4 Transac | tions Reported. | Filec | | | e Securities Exch nent Company A | ange Act of 1934 Act of 1940 | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any Ó | 3. Transaction Code (Instr. 8) | 4. Securities Ac Of (D) (Instr. 3, 4 | | () or Disposed | 5. Amount of Securities Beneficially Owned at end of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|----------|---|---|---------------|--------------------------------|---|---|---|
| | | | | Amount | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | | |
| Common Stock | 01/24/2023 | | Α | 866 | A | \$16.048 ⁽¹⁾ | 124,499 | D | |
| Common Stock | 01/24/2023 | | A | 384 | A | \$10.302 ⁽¹⁾ | 124,883 | 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. Transaction Code (Instr. 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) | Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|--|--|--|---|-------|---|--|--|---------------------------------------|
| | | | | | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. These shares were acquired pursuant to Artivion Inc.'s Employee Stock Purchase Plan (ESPP). The shares were acquired in transactions exempt pursuant to 16b-3

Remarks:

<u>/s/ Jean F Holloway</u>

** Signature of Reporting Person Date

01/24/2023

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.