FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

| 1. Name and Address of Reporting Person [*] Anderson Bruce G. | | | | | | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | | | | | | | | | eck all appl | onship of Reporting all applicable) Director | | rson(s) to I 10% O | | |
|---|---|--|------------------|---------------------------------|------------|--|---------|------------------|---|---|--------------------------|---|---|-----------------------|--|--|---------------|---|---|--|
| (Last) (First) (Middle) CRYOLIFE, INC. 1655 ROBERTS BLVD., NW | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015 | | | | | | | | 2 | below | Officer (give title below) VP, US Sales &Glo | | below) | | |
| | | | | | 4. lf / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | Form filed by One Reporting Person | | | | on | |
| KENNESAW GA 30144 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - I | Non-Deriv | vative | Sec | urities | s Ac | quired, | Dis | posed o | of, or E | ene | ficiall | y Owne | d | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transac Date (Month/Da | | Execution Date, | | ution Date, / | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | ies cially | Forn (D) c | rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Report Transa | Reported Transaction(s) (Instr. 3 and 4) | | 1.4) | (1150.4) | | |
| Common Stock | | | | 02/18/2015 | | | | F | | 2,207 | ⁽¹⁾ I |) | \$10.8 2 | 2 31 | ,235 | | D | | | |
| Common Stock | | | | 02/19/2 | 02/19/2015 | | | | Α | | 7,399 | 2) | \ | \$ <mark>1</mark> 1 | 38 | 38,634 | | D | | |
| Common Stock | | | | | | | | | | | | 61 | | ,990 | | Ι | By Trust | | | |
| | | | Tab | le II - Deri (e.g. | | | | | | | osed of, c onvertible | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execut if any | | | ction nstr. | n of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | te | Amoun Securit Underl Derivat | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Ily J | y Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | ole | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |
| Stock Option (Right to Buy) | \$11 | 02/19/2015 | | | A | | 20,425 | | 02/19/201 | 6 ⁽³⁾ | 02/19/2022 | Commo Stock | ⁿ 20 |),425 | \$ 0 | 20,425 | 5 | D | | |

Explanation of Responses:

1. These shares were withheld upon the vesting of restricted stock to pay tax withholding obligations.

2. Represents shares of restricted stock that vest on the third anniversary of the grant date if the reporting person remains in the continuous employ of the Company.

3. Stock option vests 33 1/3% per year beginning on the first anniversary of the grant date (February 19, 2015).

/s/ D. Ashley Lee, Attorney-in-02/20/2015

<u>fact</u>

** 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.