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* MORGAN HARVEY | | | | | | | Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | onship of Reporting Il applicable) Director Officer (give title | | 10% C | | |
|--|--|---|---------|----------------------------------|---|-----------------|---|-------|--|-----------------|-------------|---|---------------------|--|-----------|---|---|--|--|--|--|
| (Last) | , | First) (| Middle) | 07/19/2011 | | | | | | | | | | | below) | | | below) | | | |
| CRYOLI | 4. If A | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| 1655 RO | | | | | | | | | | | | Line) | | | | | | | | | |
| (Street) KENNES | (Street) KENNESAW GA 30144 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (| State) (| Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | | rities Acquired (A ed Of (D) (Instr. 3, | | | 3, 4 Secu | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Cod | e V | | Amount | | A) or D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | , , | | (| | | |
| Common | Stock | | 2011 | | | G ⁽ | G ⁽¹⁾ V | | 5,000 | | D \$0 | | 23,250 | | 3,250 | D | | | | | |
| Common | Stock | 2011 | | | G(| 1) \ | V | 5,000 | | A \$0 | | 13,000 | | 3,000 | | I | By Spouse | | | | |
| | 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. Conversior or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, n/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | Expir | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Security (In 3 and 4) | | | Seci | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / E | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | Code V (A) (D) | | Date Exerc | | | piration ite | Title | or | ount nber res | | | | | | | | |

Explanation of Responses:

1. 5,000 shares were gifted by the reporting person to his spouse for no consideration.

Remarks:

/s/ Steven G. Anderson, Attorney-in-Fact

07/20/2011

** 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.