FORM 5

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

		00540	
Vashington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average but	rden
hours per response:	1.0

Form 3 Holdings Reported.

Common Stock

Common Stock

Common Stock

Form 4 Transactions Reported.

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

	ono reported.		or Section 30	(n) of the Inve	stment Company A	Act of 194	10							
1. Name and Address Holloway Jea	ss of Reporting Person $\frac{\mathbf{F}}{\mathbf{F}}$	ì [*]		2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify					
(Last) 1655 ROBERTS	(First) BLVD., NW	(Middle)	3. Statement for 12/31/2016	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						below) below VP, General Counsel				
(Street) KENNESAW	GA	30144	4. If Amendmen	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(City)	(State)	(Zip)	_							ore than One R	eporting			
	Т	able I - Non-Deri	vative Securi	ties Acqui	red, Disposed	l of, or	Benefic	ially (Owned					
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Date, Transaction Code (Instr.	4. Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
			(o.a., Suy, rour)	3,	Amount	(A) or (D)	Price	;	Issuer's Fiscal Year (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)			
4		1			1									

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

1,205(1)

1,000(1)

714(1)

A

A

A

\$9.163

\$10.2

\$16.2775

53,358

54,358

55,072

D

D

D

M

M

M

			(e.g.,	puts, calls	, warı	rants,	options, o	convertib	ie secur	ities)				
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)	Transaction Derivative Expiration Date Amount Securities Acquired (A) Or Disposed Or Disposed Derivative Code (Instr. Securities Code (Instr. Securities			ount of Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (Right to Buy)	\$9.163	06/30/2016	06/30/2016	A	1,205		06/30/2016	06/30/2016	Common Stock	1,205	\$0	1,205	D	
Stock Option(Right to Buy)	\$9.163	06/30/2016	06/30/2016	A		1,205	06/30/2016	06/30/2016	Common Stock	1,205	\$0	0	D	
Stock Option (Right to Buy)	\$10.2	12/31/2016	12/31/2016	A	1,000		12/31/2016	12/31/2016	Common Stock	1,000	\$0	1,000	D	
Stock Option (Right to Buy)	\$10.2	12/31/2016	12/31/2016	A		1,000	12/31/2016	12/31/2016	Common Stock	1,000	\$0	0	D	
Stock Option (Right to Buy)	\$16.2775	06/30/2017	06/30/2017	A	714		06/30/2017	07/30/2017	Common Stock	714	\$0	714	D	
Stock Option (Right to Buy)	\$16.2775	06/30/2017	06/30/2017	М	714		06/30/2017	06/30/2017	Common Stock	714	\$0	0	D	

Explanation of Responses:

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

/s/ Jean Holloway

07/11/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

06/30/2016

12/31/2016

06/30/2017

06/30/2016

12/31/2016

06/30/2017

- * 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.