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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| hours per response: | 0.5 |
|--------------------------|-----|
| Estimated average burden | |

| 1. Name and Addres <u>Mackin Jame</u> | ss of Reporting Perso <u>s_P</u> | n* | 2. Issuer Name and Ticker or Trading Symbol <u>CRYOLIFE INC</u> [CRY] | | tionship of Reporting Perso all applicable) Director | on(s) to Issuer 10% Owner |
|---|-------------------------------------|----------------|---|------------------------|---|------------------------------|
| (Last) CRYOLIFE, INC 1655 ROBERTS | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2019 | X | Officer (give title below) President & C | Other (specify below) |
| (Street) KENNESAW (City) | GA (State) | 30144 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repor Form filed by More than Person | rting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | 4. Securities Disposed Of | | | Securities Beneficially | Form: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|-------|------------------------------|---|----------------------------------|------------------------------------|--------------|---|
| | | | Code | v | Amount (A) or (D) P | | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 05/03/2019 | 05/03/2019 | S | | 50,000 | D | \$ 31.3138 ⁽¹⁾ | 220,731 | 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) Code (Instr. 9) 5. Numl Oprivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date Amount of | | | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Reflects weighted average price. Range of prices were between \$31.05 to \$31.64. The reporting person will provide upon request by the Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

| <u>/s</u> | / Jan | ies P | Mack | <u>in</u> | |
|-----------|-------|-------|------|-----------|---|
| | | | | | _ |

** Signature of Reporting Person

05/07/2019

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.