UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 4
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
() Check this box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue. See Instructions 1(b).
1. Name and Address of Reporting Person
ELKINS, RONALD C. M.D.
c/o CryoLife, Inc.
1655 Roberts Boulevard, N.W.
Kennesaw, GA 30144

 Issuer Name and Ticker or Trading Symbol CRYOLIFE, INC.

- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year 5/2000
- 5. If Amendment, Date of Original (Month/Year)
- Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner () Officer (give title below) () Other (specify below)
- 7. Individual or Joint/Group Filing (Check Applicable Line)
 - (X) Form filed by One Reporting Person
 - () Form filed by More than One Reporting Person

1. Title of Security	2. 3. 4.Secu	rities Acquired (A)	5.Amount of	6.Dir 7.Nature of Indirect			
	Transaction or D	isposed of (D)	Securities	ect Beneficial Ownership			
			Beneficially	(D)or			
		A/	Owned at	Indir			
	Date Code V Am	ount D Pri	ce End of Month	ect(I)			

1.Title of Derivative	2.Con-	13.	4.		5.Number of	De	6.Dat	e Exer	7.Title	and.	Amount	8.Pric∈	9.Number	10	11.Nature o
•	version	Trans	sactio	n	rivative S	Secu	cisak	ole and	of Ur	nderly	ing	of Deri	of Deriva	Di	Indirect
	or Exer	1	1		rities Acc	qui	Expi	ation	Secur	rities		vative	tive	lect	Beneficial
	cise	1	1		red(A) or	Dis	Date	Month/	1			Secu	Securities	(D)	Ownership
	Price of	1	1		posed of (I))	Day/	(ear)	1			rity	Benefi	or	
	Deriva-	1	1				Date	Expir	1				ficially	Inc	11
	tive	1	1			A/	Exer-	· ation	Titl	Le and	Number		Owned at	ire	<u> </u>
	Secu-	1	1			D	cisa-	Date	of S	Shares			End of	lct	
	rity	Date	Code	V	Amount	I	ble	I	I			I	Month	(I)	1
Option	17.25	5-26-	- A		10,000	A	(1)	5-26-	Common	Stock	10,000	N/A	10,000	D	I
	1	100	1			1	1	05	l .		I	I		1	I
Option	17.25	5-30-	- A		5,000	A	(1)	5-30-	Common	Stock	15,000	N/A	15,000	D	1
	I	100	I			1	1	105	I		I	I	1	1	1
		1							 I			1			

Explanation of Responses:
(1) Options are fully
vested.
SIGNATURE OF REPORTING PERSON
/s/ Ronald C. Elkins, M.D.
Ronald C. Elkins, M.D.
DATE
September 28, 2000