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 ar	3. Da	2. Issuer Name and Ticker or Trading Symbol     CRYOLIFE INC [ CRY ]      3. Date of Earliest Transaction (Month/Day/Year)     05/29/2012										all app Direct	plicable) ctor cer (give title		Person(s) to Issuer  10% Owner  Other (specify						
(Last) (First) (Middle)						03/23/2012										below)			below)		
CRYOLIFE, INC.					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
1655 ROBERTS BOULEVARD, NW															Line)						
(Street)															X Form filed by One Reporting Person						
KENNES	SAW GA	3	014	4											Form filed by More than One Reporting Person						
(City)	(St																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					ear) E	2A. Deemed Execution Date, if any (Month/Day/Year)							ies Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	e V		Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(instr.	. 4)	(instr. 4)				
Common Stock 05/2					12				S		T	4,000	D	\$4.569(1)		149,162			D		
Common Stock 0				05/30/2012					S		Ť	6,000	D	\$4.5192(2)		143,162			D		
Common Stock																16,000			I	By Spouse	
		Та	ble	II - Derivat								osed of, o				wned					
1. Title of Derivative Security (Instr. 3)	e Conversion or Exercise (Month/Day/Year) Frice of Derivative Security Execution Date, if any (Month/Day/Year) 8		4. Transa	action	5. Nu of Deriv Securi Acqui (A) or Dispo of (D) (Instrand 5	rative rities ired r osed )	6. Date Exer Expiration D (Month/Day/			cisable and ate Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I) 4)	vnership orm: rect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

- 1. \$4.569 is the weighted average price for a range of sales between \$4.55 and \$4.60. Reporting person undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. \$4.5192 is the weighted average price for a range of sales between \$4.50 and \$4.60. Reporting person undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

## Remarks:

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

\*\* Signature of Reporting Person

05/31/2012

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.