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 ANDERSON, STEVEN G. 1655 Roberts Blvd, NW Kennesaw, GA 30144

2. Issuer Name and Ticker or Trading Symbol CryoLife, Inc. CRY

- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year October 1998
- 5. If Amendment, Date of Original (Month/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director ( ) 10% Owner (X) Officer (give title below) ( ) Other (specify below) President, CEO and Chairman
- 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	12	13		110	ecurities A	Acous:	rad /a	1	15.Amount	of	16 D:	r 17.Nature	of Tre	direct
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Explanation of Responses:

(1) Option vests over a five year period becoming exercisable in 20% increments each year 90 days prior to the anniversary date of the Grant Date [12/16/94], 20% on 9/17/95; 40% on 9/17/96; 60% on 9/17/97, 80% on 9/17/98, and 100% on 9/17/99.

SIGNATURE OF REPORTING PERSON

Steven G. Anderson

DATE

November 5, 1998