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

Name and Address of Reporting Person* LEE DAVID ASHLEY						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					
(Last)	(Fi IFE, INC.	rst) (Middle)		3. Dat 06/14		iest Trar	saction (Month/Day/Year)								er (give title		Other (
1655 ROBERTS BLVD., N.W.						4. If Amendment, Date of Original Filed (Month/Day/Year) 06/16/2004										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) KENNE	SAW G	A :	30144													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	tate) (Zip)																		
		Tab	le I - N	on-Deriv	ative S	Sec	urit	ies Ac	quire	d, D	isp	osed o	f, o	r Ben	eficia	ly Own	ed				
Date				2. Transac Date (Month/Da		Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Secur Bene Owne	icially d	Fori (D) (m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Cod	de	v	Amount	ount (A) or (D)		Price	Repo	ollowing eported ransaction(s) nstr. 3 and 4)		u. 4)	(111301. 4)		
Common Stock 0				06/14/2	2004				N	Л		12,50	00	A	\$2.3	2 2	,757(1)		D		
Common Stock																1,700			By Parents ⁽²⁾		
Common Stock															1,500				By Children		
	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)		on of		6. Date Exercisable Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	8. Price of Derivativ Security (Instr. 5)	9. Numbe derivative e Securities Beneficia Owned Followins Reported Transacti (Instr. 4)	Owners Form: Ily Direct or Indi (I) (Inst	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title	o N o	lumber						
Stock Option	\$2.2	06/14/2004			M			12,500	08/31/2	2003 ⁽³⁾	08	3/31/2007		nmon ock	2,500	\$0	50,00	0	D		

Explanation of Responses:

- 1. Includes 1,302 shares acquired under the CryoLife, Inc. stock purchase plan between January, 2003 to present. This amended Form 4 is being filed to correct the number of shares directly held by the Reporting Person following this transaction.
- 2. The reporting person holds 1,700 shares indirectly through parents for which the reporting person has power of disposition only and disclaims beneficial ownership. This report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other reason.
- 3. Stock option vests twenty percent per year beginning on first anniversary of grant date.

Remarks:

<u>/s/ D.A. Lee</u> <u>03/17/2006</u>

** Signature of Reporting Person 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.