FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Machinatan  | D C  | 20540 |  |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 |  |

| STATEMENT OF CHANGES IN BENEFICIAL C | OWNERSHIP |
|--------------------------------------|-----------|
|                                      |           |

| OMB APP                  | ROVAL     |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| hours per response       | : 0.5     |  |  |  |  |  |  |  |

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*     Maney Rochelle L.      |  |   |              |                 |  | 2. Issuer Name and Ticker or Trading Symbol ARTIVION, INC. [ AORT ] |   |     |               |   |                                     |               |  | Check  | all app                              |   | ng Per                                | rson(s) to Is<br>10% Ov<br>Other (s | wner        |
|--|--|---|--------------|-----------------|--|---|---|-----|---------------|---|-------------------------------------|---------------|--|--|--------------------------------------|---|---------------------------------------|-------------------------------------|-------------|
| (Last)<br>1655 RO  |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2022 |              |                 |  |   |   |     |               | X   | Officer (give title below)  VP, Qua |               | Qualit   | below)   | specify                              |   |                                       |                                     |             |
| (Street) KENNES (City)   |  |   | 0144<br>Zip) |                 | 4. If <i>i</i>   | 4. If Amendment, Date of Original Filed (Month/Day/Year)            |   |     |               |   |                                     |               | Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                                      |   |                                       |                                     |             |
|  |  | Table   | I - N        | on-Deriva       | tive S   | Secui   | rities                                  | Ac  | quire         | d, Di   | sposed of                           | f, or E       | enefic   | ially  | Own                                  | ed  |                                       |                                     |             |
| 1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y |  |   | Year)        | Execution Date, |  |   | 3.<br>Transaction<br>Code (Instr.<br>8) |     |               |   | nd 5) Securi<br>Benefi              |               | cially<br>I Following  | Form<br>(D) o  | n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                       |                                     |             |
|  |  |   |              |                 |  |   |   |     | Code          | v   | Amount                              | (A) or<br>(D) | Price  | Trans  |                                      | ction(s)<br>3 and 4)  |                                       |                                     | (111501. 4) |
| Common Stock 08/16/20  |  |   |              | 22              | 22   |   |   | S   |               | 7,161   | D                                   | \$22.95       | .959(1)  |  | 12,325                               |   | D                                     |                                     |             |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |              |                 |  |   |   |     |               |   |                                     |               |  |  |                                      |   |                                       |                                     |             |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | vative Conversion Date Execution Date, Triple or Exercise (Month/Day/Year) If any  |   |              |                 | nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   | Expiration Date<br>(Month/Day/Year)     |     |               | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                                     | t             |  | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y                                    | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |                                     |             |
|  |  |   |              |                 | Code   | v   | (A)                                     | (D) | Date<br>Exerc | cisable   | Expiration<br>Date                  | Title         | Number<br>of<br>Shares   |  |                                      |   |                                       |                                     |             |

## **Explanation of Responses:**

1. Reflects weighted average price. Range of prices were between \$22.93 to \$23.01. 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

## Remarks:

/s/ Rochelle Maney

08/17/2022

\*\* 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.