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 and Address of Reporting Person* FRONK DAVID | | | | | <u>CF</u> | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|---|--|---|------------------------|-----------|---|------|-------------------------------------|---|--------|---|------------------------------------|--------------------------------------|--------------|--|----------------------------------|--|---------------------------------|---|--|--|
| (Last) | (Fi | rst) (| Middle | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/12/2013 | | | | | | | | | | r (give title) eg. Affrs. | and (| Other (s below) Qual Assu | | | |
| 1655 ROBERTS BLVD., NW | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | XENNESAW GA 30144 | | | | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - | · Non-Deri | vative | Se | curi | ties A | cquire | d, Di | sposed o | of, or B | enefici | ally | Owne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You | | | | | Year) | Execuif any | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | ies cially | Forr (D) o | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Report Trans | | | | . 4) | (111501.4) | | |
| Common Stock | | | 11/11/20 |)13 | | | | M | | 10,132 | A | \$8.7 | , | 105,437 | | | D | | | | |
| Common | Stock | | | 11/12/20 | 13 | | | | S | | 9,442 | D | \$9.916 | 3(1) | 95 | 95,995 D | | | | | |
| | | | Та | ble II - Deri (e.g. | | | | | | | oosed of, convertible | | | Owne | ed | | | | | | |
| 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) | | Code | 5. Number of Universities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | | 7. Title a Amount Security Underly Derivati Security and 4) | of es ing ve (Instr. 3 | | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | | |
| Stock Option | \$8.7 | 11/12/2013 | | | M | | | 10,132 | 02/23/2 | 008(2) | 02/23/2014 | Commor Stock | 10,132 | | \$ 0 | 0 | | D | | | |

Explanation of Responses:

- 1. Reflects weighted average price. Range of prices were between \$9.91 and \$9.95. 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 purchased or sold at each separate price.
- 2. Stock option vests 33 1/3% per year beginning on first anniversary of grant date.

Remarks:

/s/ David Fronk 11/13/2013

** 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.