FORM 4

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

Washington, D.C. 20549

Shington, D.C. 20549		

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
l	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* $\underline{\text{Holloway Jean F}}$						2. Issuer Name and Ticker or Trading Symbol  CRYOLIFE INC [ CRY ]									ck all applic Directo	able) r	) Pers	on(s) to Issu	ner	
(Last) 1655 RO	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/10/2018								X	below)	(give title /P, Gener	al Co	Other (s below) ounsel	pecify	
(Street) KENNES (City)		tate)	30144 (Zip)		WC	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Form fi Form fi Person	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson					
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ties A	cqu	ired, تر	Disp	osed o	f, or Be	nef	icially	y Owned				
Di			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		´	3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					es Formally (D) (I) (I)		r Indirect   ( r Indirect   I str. 4)   (	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		Price	Reported Transact (Instr. 3	ion(s)			Instr. 4)	
Common Stock 06				08/10	0/201	/2018 08/		/10/2018		M <sup>(1)</sup>		1,500	A	1	\$10.28	60,	,235		D	
Common Stock 08/10			0/201	018 08/10/2018		3	S		1,500 D \$		\$33.5 <sup>(2</sup>	58,735			D					
		٦	Гable II -									sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of		Ex	Date Exercisable tpiration Date ionth/Day/Year)		le and 7. Title and Amount of Securities Underlying Derivative (Instr. 3 an		of s ng e Sed		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Dat	te ercisable		expiration Date	Title	or Nu of	nount imber ares					
Stock Option (Right to	\$10.28	08/10/2018	08/10/2	018	M			1,500	04/	/01/2016 <sup>(3</sup>	3) 0	4/01/2022	Common Stock	1,	,500	\$10.28	0		D	

## **Explanation of Responses:**

- 1. The sale reported on this form was effected pursuant to a 10b5-1 trading plan adopted by the reporting person on June 14, 2018.
- 2. Reflects the price of \$33.50 the shares were sold. 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 this price
- $3. \, Stock \, option \, vests \, 33 \, 1/3\% \, per \, year \, beginning \, on \, the \, first \, anniversary \, of \, the \, grant \, date. \, The \, first \, exercisable \, date \, was \, 4/1/2016 \, date \, 4/1/2016 \, date \, 4/1/2016 \, date \, 4/1/2016 \, date \, 4/1/$

<u>/s/ Jean Holloway</u> <u>08/13/2018</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.