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*  OSS CAPITAL MANAGEMENT					CR'	2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [ CRY ]									elationsh ck all app Dired	,	•	. ,	) to Issuer
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2007									Officer (give title below)		e Oth belo		er (specify w)		
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
NEW YO	NEW YORK NY 10158												Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	ip)																
		Table	e I - N	lon-Deriv	ative S	Secu	ıritie	s Ac	quired	, Dis	sposed of	f, or B	enefic	iall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				ear) E	Execution Date,			3. Transact Code (In 8)			ecurities Acquired (A) posed Of (D) (Instr. 3, 5)			5. Amor Securiti Benefic Owned Followi	es ially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	Price		Reported Transaction(s) (Instr. 3 and 4)		,	(	
Common Stock 05/31/20				05/31/20	07				S		82,000	D	\$14	.74	1,918,000			I	See Footnote <sup>(1)</sup>
		Та	ble II	- Derivati (e.g., pu					,	•	osed of, convertib			•	Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		Code (I	ransaction of Deriving Securia Acqui (A) or Dispo of (D) (Instr. and 5		vative rities rired r osed )	6. Date Expirat (Month	tion D	Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amount or Numbor of Title Shares		of Di Se (II	Price erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership		

## Explanation of Responses:

1. This Form 4 is being filed to report that O.S.S. Capital Management LP, a Delaware limited partnership (the "Investment Manager"), Schafer Brothers LLC, a Delaware limited liability company (the "SB LLC") and Mr. Oscar S. Schafer ("Mr. Schafer" collectively with the Investment Manager and SB LLC, the "Reporting Persons") disclaim beneficial ownership of Cryolife, Inc.'s (the "Issuer") securities for the purposes of Section 16. Each of the Investment Manager, SB LLC and Mr. Schafer may be deemed to beneficially own 1,918,000 shares of common stock and 85,000 shares of Preferred Stock convertible into 528,607 shares of common stock, which represent, together, approximately 9.5% of the outstanding shares of common stock. The Reporting Persons hereby check the box and are not subject to further reporting requirements of Section 16. This report shall not be deemed an admission that the Reporting Persons are or have been the beneficial owners of such securities.

<u>/s/ Oscar S. Schafer</u> <u>06/04/2007</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.

## Form 4 Joint Filer Information

Name: Schafer Brothers LLC

Address: 598 Madison Avenue New York, NY 10022

Designated Filer: O.S.S. Capital Management LP

Issuer and Ticker Symbol: Cryolife (CRY)

Date of Event requiring statement: June 4, 2007

/s/ Oscar S. Schafer

Signature

Name: Mr. Oscar S. Schafer

Address: 598 Madison Avenue New York, NY 10022

Designated Filer: O.S.S. Capital Management LP

Issuer and Ticker Symbol: Cryolife (CRY)

Date of Event requiring statement: June 4, 2007

/s/ Oscar S. Schafer Signature