1. Name and Address of Reporting Person* 
   Berry Lance A
   (Last) (First) (Middle) 
   1655 ROBERTS BLVD NW 
   (Street) 
   KENNESAW GA 30144 
   (City) (State) (Zip) 

2. Date of Event Requiring Statement (Month/Day-Year) 
   12/06/2023 

3. Issuer Name and Ticker or Trading Symbol 
   ARTIVION, INC. [ AORT ] 

4. Relationship of Reporting Person(s) to Issuer 
   (Check all applicable) 
   Director 10% Owner 
   X Officer (give title below) 
   Executive VP, CFO 
   Other (specify below) 

5. If Amendment, Date of Original Filed (Month/Day/Year) 

6. Individual or Joint/Group Filing 
   (Check Applicable Line) 
   X Form filed by One Reporting Person 
   Form filed by More than One Reporting Person 

Table I - Non-Derivative Securities Beneficially Owned 

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>0</td>
<td>D(1)</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned 

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Exercisable Expiration Date Title Amount or Number of Shares</td>
<td>Amount or Number of Shares</td>
<td>Conversion or Exercise Price of Derivative Security</td>
<td>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</td>
<td>Nature of Indirect Beneficial Ownership (Instr. 5)</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Power of Attorney, included herewith as Exhibit 1.

Remarks:

/s/ Lance Berry 12/07/2023
** 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 5 (b)(v).


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.