FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.O.	20070

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average burden								
- 1	hours per response:	1.0							

Check	this box if no lo	onger subject to				vvasii	iiigtoii,	D.O. 2	.0040						OMB	APPF	ROVA	L		
Section obligation instruction	on 16. Form 4 or tions may contin ction 1(b).	Form 5 nue. See	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP									Esti	OMB Number: 3235-0362 Estimated average burden hours per response: 1.0							
_	Form 3 Holdings Reported. 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* Davis John E				2. Issuer N	Section 30(ii) of the investment Company Act of 1940 Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					r		
(Last) 1655 RC	(Fi DBERTS BL	•	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) below								below)	er (give title Other (specify below) denior VP, Global Sales						
(Street) KENNE	(Street) KENNESAW GA 30144 Form file Person									Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting										
(0.19)			le I - Non-Deriv	vative Sec	uriti	Δς Δ	cauira	ad D	ienoead	of or	Bai	neficial	ly Owner	٠						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)						6. Ownership Form: Direct f (D) or		7. Nature of Indirect Beneficial Ownership						
			(monan bay)	ioui,	3,		Amou	nt (A) or D) Price		•	Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I)		(Instr. 4)				
Commor	Stock		01/01/2020	06/30/202	20	N	И	9	922	A	A \$16.2945 ⁰		71,3	373	D					
		Т	able II - Deriva (e.g., p	tive Secu									Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, Transaction of Expiration D		tion Da	ate	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership of Inc Form: Bene Direct (D) Owne		1. Nature f Indirect eneficial wnership nstr. 4)					
					(A)	(D)	Date Exercis	sable	Expiration Date	Title		Amount or Number of Shares								
ESPP	\$16.2945	01/01/2020	06/30/2020	A	922		06/30/2020		06/30/2020		/2020 06/30/2020		non ek	922	\$16.2945	92	2	D		
ESPP	\$16.2945	06/30/2020	06/30/2020	M	922		06/30/202		06/30/2020 06		06/30/2020	Comn		922	\$16.2945	0		D		

1. These shares were acquired pursuant to CryoLife Inc.'s Employee Stock Purchase Plan (ESPP). The shares were acquired in transactions exempt from Section 16b-3.

Stock

01/11/2021

** 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.