Instruction 1(b).

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington,	D.C.	20549	
		_00.0	

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average burden								
- 1	hours per response:	1 0							

Form 3	Holdings Rep	orted.												Liloui	15 pci ii	соропос.	1.0
Form 4	Transactions	Reported.	Fi	ed pursuant to or Section					urities Excha Company Ac								
Name and Address of Reporting Person*     Holloway Jean F					2. Issuer Name <b>and</b> Ticker or Trading Symbol  CRYOLIFE INC [ CRY ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 1655 ROBERTS BLVD., NW					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019							X Officer (give title Other (specify below)  VP, General Counsel					
(Street) KENNESAW GA 30144  (City) (State) (Zip)  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     Form filed by More than One Reporting Person								
		Tab	le I - Non-Deri	vative Sec	uriti	ies A	cauire	ed. D	isposed	of. or l	Beneficia	ally C	Owne	d			
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 Dispose (D) (Instr. 3, 4 and 5)						int of 6. es Owr ially Forr		rship : Direct	7. Nature of ndirect Beneficial Ownership		
			(wontinbay)	(Month/Day/Year)			Amou	ınt (	A) or D)	Price	Issuer's				ct (I)	(Instr. 4)	
Common Stock 07/01/2019			12/31/20	12/31/2019		M		356	A \$23.02		.65 <sup>(1)</sup> 59,		9,220		D		
		Т	able II - Deriva (e.g., ¡	tive Secu outs, calls									vned		,		
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)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	vative irities ired or osed ) r. 3, 4	ies ded ed		Date Amount of		t of ies ving ive Security	Deri Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
ESPP	\$23.0265	07/01/2019	12/31/2019	A	356		12/31/2	2019	12/31/2019	Commo Stock		\$23	\$23.0265 356			D	
ESPP	\$23.0265	12/31/2019	12/31/2019	M	356		12/31/2	2019	12/31/2019	Commo	on 356	\$23.0265		0	D		

## Explanation of Responses:

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.

/s/ Jean F.Holloway

01/29/2020

\*\* 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.