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

| Name and Address of Reporting Person* Horton Amy | | | | | | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | | | | | | | | | heck all | ship of Reporti applicable) rector | ng Person(s) to | Issuer Owner | |
|--|----------------------------|--|---------|---|-------|--|---|--|--|-------|--|--|------------|---|------------------|---|--|---|--|
| (Last) | Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2010 | | | | | | | | | fficer (give title elow) Chief Accor | Othe below unting Office | ′ | |
| 1655 RO | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) KENNES | (Street) KENNESAW GA 30144 | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (S | tate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative | Secu | ıritie | s Acc | juired, | Dis | posed o | f, or | Bene | ficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day/ | | | | | | Exec if any | Deemed cution Date, ny nth/Day/Year) | | Transaction Disposed Code (Instr. and 5) | | | rities Acquired (ed Of (D) (Instr. : | | | Sec Bei Ow | Amount of curities neficially ned lowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A (C | A) or D) | Price | Re Tra | ported insaction(s) str. 3 and 4) | (11130. 4) | (1134: 4) | | | | | |
| Common Stock 02/14/20 | | | | | | 010 | | | | | 486 | | D | \$6.2 | 29 | 28,626 | D | | |
| Common | Stock | | | 02/15/2 | 2010 | | | | A | | 5,000 | 2) | A | \$0 |) | 33,626 | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | str. | 8. Price of Derivati Security (Instr. 5 | Beneficially | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or | ount nber res | | | | | |

Explanation of Responses:

- $1. \ These \ shares \ were \ withheld \ upon \ the \ vesting \ of \ restricted \ stock \ to \ pay \ tax \ withholding \ obligations.$
- 2. Represents shares of restricted stock that vest on the third anniversary of the grant date if the reporting person remains in the continuous employ of the Company.

Remarks:

<u>/s/ Amy Horton</u> <u>02/17/2010</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.