## SEC Form 4

Instruction 1(b).

## FORM 4

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

OMB APPROVAL

| OMB Number:              | 3235-0287 |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |

| STATEMENT | OF  | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|-----|---------|----|------------|-----------|
|           | UI. | UIANOLU |    |            |           |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|  |  |                       | of Section 50(n) of the investment Company Act of 1940   |                       |   |                             |  |  |  |
|--|--|-----------------------|--|-----------------------|---|-----------------------------|--|--|--|
| ARTIVION INC<br>1655 ROBERTS BLVD NW<br>(Street) |  | 9 Person <sup>*</sup> | 2. Issuer Name and Ticker or Trading Symbol<br><u>ARTIVION, INC.</u> [ AORT ]  |                       | 5. Relationship of Reporting Person(s) to Issu<br>Check all applicable)<br>X Director 10% Owr |                             |  |  |  |
|  |  | (Middle)              | 3. Date of Earliest Transaction (Month/Day/Year)<br>05/30/2024   |                       | Officer (give title below)  | Other (specify below)       |  |  |  |
|  |  |                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)   | 6. Indi<br>Line)<br>X |   | up Filing (Check Applicable |  |  |  |
|  |  |                       | -  |                       | Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person         |                             |  |  |  |
| KENNESAW   | GA   | 30144                 | Rule 10b5-1(c) Transaction Indication  | <u> </u>              |   |                             |  |  |  |
| (City)   | (State)  | (Zip)                 | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |                       |   |                             |  |  |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                       |  |                       |   |                             |  |  |  |

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | if any 🤺 |      |   |          |               |                   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|---------------------------------|--|----------|------|---|----------|---------------|-------------------|---|---|---|
|                                 |  |          | Code | v | Amount   | (A) or<br>(D) | Price             | Transaction(s)<br>(Instr. 3 and 4)  |   | (Instr. 4)  |
| Common Stock                    | 05/30/2024                                 |          | A    |   | 6,289(1) | Α             | \$ <mark>0</mark> | 62,322  | D |   |

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

|   |   |  |   |                              |   |  |  |                     |  |       |  | <u>.</u> |   |  |  |  |  |
|---|---|--|---|------------------------------|---|--|--|---------------------|--|-------|--|----------|---|--|--|--|--|
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | of<br>Deriv<br>Secu<br>Acqu<br>(A) of<br>Dispo<br>of (D) | vivative (Month/Day/Year)<br>curities<br>;quired<br>) or<br>sposed<br>(D)<br>str. 3, 4 |                     | Expiration Date Amou<br>Month/Day/Year) Secur<br>Unde<br>Deriv:<br>Secur |       | Expiration Date Amount of              |          | cpiration Date<br>Ionth/Day/Year)<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3)<br>Bene<br>Own<br>Security (Instr. 4)<br>Security<br>Derivative<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Security<br>Secu |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   | Code                         | v | (A)  | (D)  | Date<br>Exercisable | Expiration<br>Date   | Title | Amount<br>or<br>Number<br>of<br>Shares |          |   |  |  |  |  |

Explanation of Responses:

1. RSA Grant vests on May 30th 2025, pursuant to the terms of the Equity and Cash Incentive Plan.

Remarks:

| /s/ James Bullock |  |
|-------------------|--|

06/03/2024

\*\* 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.