Edgar Filing: CRYOLIFE INC - Form 4

CRYOLIFE	INC										
Form 4											
March 10, 20	015										
FORM	14								OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th									Expires:	January 31,	
if no long subject to		STATEMENT OF CHANGES IN BENEFICIAL OWN					NERSHIP OF	•	2005		
Section 1			SECURITIES						Estimated average burden hours per		
Form 4 o									response	0.5	
Form 5 obligatio							•	e Act of 1934,			
may cont				•	•	· ·		1935 or Section	n		
See Instruction 1(b).	uction	30(h)	of the In	vestment	Compar	iy Ac	t of 194	10			
(Print or Type I	Responses)										
1. Name and A FRONK DA	Address of Reporti	ng Person <u>*</u>	Symbol	r Name and		Tradiı	ng	5. Relationship of Issuer	Reporting Pers	on(s) to	
CRY			CRYOI	CRYOLIFE INC [CRY]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction					, 	
CD VOL IEF	DIG 1655 D	ODEDTO	(Month/D	-				Director X Officer (give		Owner er (specify	
	E, INC., 1655 R	COBERTS	03/07/2	015				below)	below)	a (specify	
BLVD, NW								VP, Re	egulatory Affair	rs	
	(Street)		4. If Ame	ndment, Da	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mor	nth/Day/Year	r)			Applicable Line)			
KENNESA	W, GA 30144							_X_ Form filed by O Form filed by M Person	Ine Reporting Pe Iore than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction E		med	3.	4. Securi		•	5. Amount of	6. Ownership		
Security	(Month/Day/Ye		on Date, if		on(A) or D (Instr. 3,			Securities	Form: Direct		
(Instr. 3)		any (Month/l	Day/Year)	Code (Instr. 8)	(msu. <i>3</i> ,	4 anu	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		× ·	, , , , , , , , , , , , , , , , , , ,	. ,				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(
Common Stock	03/07/2015			F	1,217	D	\$ 10.51	110,559	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FRONK DAVID CRYOLIFE, INC. 1655 ROBERTS BLVD, NW KENNESAW, GA 30144			VP, Regulatory Affairs				
Signaturos							

Signatures

/s/ Dave Fronk	03/10/2015

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* 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).

(1) These shares were withheld upon the vesting of performance stock units to pay tax withholding obligations.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.