#### Edgar Filing: DE GREEF RODERICK - Form 4

DE GREEF	<b>FRODERICK</b>										
Form 4											
March 09, 2	_								APPROVAL		
FORM	VI 4 <sub>UNIT</sub>	ED STATES	SECURIT	TIES A	ND EX(	CHANGE	E COMMISSION				
Check t	this how		Washi	hington, D.C. 20549				Number:	3235-0287		
Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN I SECUR								Estimated			
Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	or Filed ons ntinue.	17(a) of the F	ection 16(a	a) of the ty Hold	e Securit ling Con	npany Act	nge Act of 1934, of 1935 or Section 940				
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> DE GREEF RODERICK			2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOLIFE SOLUTIONS INC [BL]			-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)		3. Date of Ea				(Che	eck all applicable	le)		
C/O BIOL INC., 3303	IFE SOLUTIO 3 MONTE VII 1Y, SUITE 310	DNS, LLA	(Month/Day 03/08/201	/Year)			Director X Officer (gives below) Chies		% Owner her (specify cer		
(Street) 4			4. If Amendment, Date Original			l	6. Individual or Joint/Group Filing(Check				
	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person						
BOTHELI	L, WA 98021						Person	More than One R	Reporting		
(City)	(State)	(Zip)	Table I	- Non-D	erivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	Date 2A. Deeme ear) Execution I any (Month/Da	Date, if Tra Co y/Year) (In	ansaction	4. Securiti Acquired ( Disposed of (Instr. 3, 4) Amount	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate	e line for each cla	ss of securiti	es benefi	cially own	ed directly	or indirectly.				
					inform require	ation cont ed to resp ys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
			ative Securit outs, calls, w				Beneficially Owned securities)	đ			
1. Title of Derivative		. Transaction Dat Month/Day/Year			4. Transac	5. Numb tionDerivati		ercisable and Date	7. Title and Amount of Underlying Securities		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)	(Month/Day,	/Year)	(Instr. 3 and	4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option	\$ 1.64	03/08/2018		А	171,919		<u>(1)</u>	12/20/2021	Common Stock	171,91

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DE GREEF RODERICK C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021			Chief Financial Officer			

## Signatures

/s/ Roderick de Greef	03/09/2018			
<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).

As disclosed in the registrants annual report on Form 10-K for the year ended December 31, 2016, on December 20, 2016, the reporting person was granted an option to purchase 171,919 shares of common stock. The option vests in two equal annual installments based on the registrant's satisfaction of certain performance criteria for the fiscal year ending December 2017. The performance criteria for 2017

(1) were met, resulting in vesting of the option as follows: 85,960 shares vested on March 8, 2018 and 85,959 shares will vest on March 8, 2019. No Form 4 filing was required upon the initial grant of the option because the option was subject to vesting based on conditions that were not tied to the passage of time and continued employment and not tied directly to the market price of the registrant's common stock.

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.