#### Edgar Filing: CRYOLIFE INC - Form 4

ODVOLUEE DIC

| Form 4   |  |  |   |   |                               |   |  |  |   |  |
|--|--|--|---|---|-------------------------------|---|--|--|---|--|
| August 19,<br><b>FORN</b><br>Check t<br>if no lor<br>subject<br>Section<br>Form 4<br>Form 5<br>obligati<br>may cor<br><i>See</i> Inst<br>1(b). | <b>A</b> 4 UNITED<br>his box<br>higer<br>to<br>16.<br>or<br>Filed pur<br>Section 17( | <b>IENT OF</b><br>suant to Se<br>a) of the Pu  | SECURITIES A<br>Washington<br>CHANGES IN<br>SECU<br>ction 16(a) of the<br>ablic Utility Ho<br>f the Investmen | h, D.C. 20<br>  BENEF<br>RITIES<br>he Securi<br> ding Cor | <b>)549</b><br>ICIA<br>ties E | <b>AL OWN</b><br>Exchange 2<br>y Act of 1 | E <b>RSHIP OF</b><br>Act of 1934,  | OMB<br>Number:<br>Expires:<br>Estimated a<br>burden hour<br>response   |   |  |
| (Print or Type   | Responses)   |  |   |   |                               |   |  |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Anderson Bruce G.  |  |  | 2. Issuer France and Frener of Fraung   |   |                               |   | <ol> <li>Relationship of Reporting Person(s) to<br/>Issuer</li> <li>(Check all applicable)</li> </ol>              |  |   |  |
| (M   |  |  |   |   |                               |   | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>VP, US Sales and Marketing          |  |   |  |
|  |  |  | . If Amendment, D<br>iled(Month/Day/Yea   | Month/Day/Year) A   |                               |   |  | <ol> <li>Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ol> |   |  |
| KENNESA  | W, GA 30144  |  |   |   |                               | P   | Form filed by Mo<br>erson  | ore than One Rej   | porting   |  |
| (City)   | (State)  | (Zip)  | Table I - Non-  | Derivative  | Secu                          | rities Acqui                              | red, Disposed of,  | or Beneficiall   | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   |  | Transaction Date 2A. Deemed<br>Ionth/Day/Year) Execution Date, if<br>any<br>(Month/Day/Year) |   | omr Dispos<br>(Instr. 3, 4                                | ed of (                       |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)   | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 08/18/2014   |  | Code V<br>M   | 10,000  | A                             | \$ 4.83                                   | 44,564   | D  |   |  |
| Common<br>Stock  | 08/18/2014   |  | S   | 10,000  | D                             | \$<br>10.5182<br>(1)                      | 34,564   | D  |   |  |
| Common<br>Stock  |  |  |   |   |                               |   | 61,990   | Ι  | By Trust  |  |

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 (9-02)

#### Edgar Filing: CRYOLIFE INC - Form 4

# 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)

| 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 Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number of<br>orDerivative<br>Securities<br>Acquired (A)<br>or Disposed or<br>(D)<br>(Instr. 3, 4,<br>and 5) | 6. Date Exercisat<br>Expiration Date<br>(Month/Day/Yea |                    | 7. Title and A<br>Underlying S<br>(Instr. 3 and | Securities                         |
|---|---|---|---|--|--|--|--------------------|---|------------------------------------|
|   |   |   |   | Code V                                 | (A) (D)  | Date Exercisable                                       | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Share |
| Stock<br>Option<br>(Right to<br>Buy)                | \$ 4.83   | 08/18/2014                              |   | М                                      | 10,000   | 02/23/2010 <u>(2)</u>                                  | 02/23/2016         | Common<br>Stock                                 | 10,000                             |

### **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                            |       |  |  |
|---|---------------|-----------|----------------------------|-------|--|--|
|   | Director      | 10% Owner | Officer                    | Other |  |  |
| Anderson Bruce G.<br>CRYOLIFE, INC.<br>1655 ROBERTS BLVD., NW<br>KENNESAW, GA 30144 |               |           | VP, US Sales and Marketing |       |  |  |

## Signatures

| /s/ Bruce G.                            | 08/19/2014 |  |  |
|---|------------|--|--|
| Anderson                                | 00/17/2014 |  |  |
| <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).

Reflects weighted average price. Range of prices were between \$10.50 to \$10.58. The reporting person will provide upon request by the(1) Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased or sold at each separate price.

(2) Stock option vested 33 1/3% per year beginning on the first anniversary of the grant date (February 23, 2009).

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.