CRYOLIFE INC Form 4 January 17, 2006

### FORM 4

#### OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Common

Stock

Stock

Stock

01/13/2006

(Print or Type Responses)

1. Name and Address of Reporting Person * ANDERSON STEVEN G			2. Issuer Name <b>and</b> Ticker or Trading Symbol CRYOLIFE INC [CRY]			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction			(Check all applicable)			
(,			(Month/D			_X_ Director	10%		
CRYOLIFE	BERTS	01/13/2006			X Officer (give title Other (specify below)				
BOULEVARD, NW						President, CEO and Chairman			
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)			One Reporting Pe		
KENNESAV	W, GA 30144					Form filed by Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Securities Acq	quired, Disposed	of, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	e 2A. Dee	med	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	on Date, if	Transactio	on(A) or Disposed of	Securities	Form: Direct	Indirect	
(Instr. 3)	Instr. 3) any			Code	(D)	Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)	
					(A)	Reported			
					(A)	Transaction(s)			

Code V

M

Amount

18,000

(D)

Price

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

(Instr. 3 and 4)

1,351,015

145,066

107,924

D

Ι

Ι

By Trust

By Spouse

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

number.

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

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. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Yea	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share	
Stock Option (Right to Buy)	\$ 2.2	01/13/2006		M	18,000	) 08/31/2003 <u>(1)</u>	02/28/2008	Common Stock	18,000	

Relationships

# **Reporting Owners**

Reporting Owner Name / Address						
• 0	Director	10% Owner	Officer	Other		
ANDERSON STEVEN G						
CRYOLIFE, INC. 1655 ROBERTS BOULEVARD. NW	X		President, CEO and Chairman			

### **Signatures**

Reporting Person

KENNESAW, GA 30144

/s/ Steven G.
Anderson

\*\*Signature of 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) Stock option vests twenty percent (6,000 shares) per year beginning on first anniversary of grant date. Grant date was August 31, 2002. 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.

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