Edgar Filing: Burris Jeffrey W - Form 4

| Burris Jeffre Form 4 | y W | | | | | | | | | | |
|---|--|----------------------|---|---|--------------------------------------|--------|--|--|--|------------------------|--|
| Form 4 February 22, | 2012 | | | | | | | | | | |
| FORM | 1 / | | | | | | | | | PPROVAL | |
| | UNITE | O STATES | | | ND EXC D.C. 205 | | IGE (| COMMISSION | OMB Number: | 3235-0287 | |
| if no long subject to Section 1 Form 4 o | Check this box if no longer subject to Section 16. Form 4 or | | | | | | Expires:January 31200Estimated averageburden hours perresponse0. | | | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 1' | 7(a) of the | | ility Hold | ling Com | pany | Act of | e Act of 1934, f 1935 or Sectio 40 | n | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY] | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) CRYOLIFE BOULEVA | (First) 2, INC., 1655 R RD, NW | (Middle) OBERTS | 3. Date of (Month/D 02/18/20 | - | ansaction | | | Director X Officer (give below) | | o Owner er (specify | |
| | | | | If Amendment, Date Original ed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| KENNESA | W, GA 30144 | | | | | | | Form filed by M Person | Nore than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | med on Date, if Day/Year) | Code | on(A) or Dis (D) (Instr. 3, 4) | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/18/2012 | | | А | 11,667 (1) | А | \$0 | 56,546 | 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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 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 | \$ 5.67 | 02/18/2012 | | А | 11,666 | 02/18/2013(2) | 02/18/2019 | Common Stock | 11,660 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Burris Jeffrey W CRYOLIFE, INC. 1655 ROBERTS BOULEVARD, NW KENNESAW, GA 30144 | | | Vice President & Gen. Counsel | | | | |
| Signatures | | | | | | | |

/s/ Jeffrey W. 02/22/2012 Burris

<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) Represents shares of restricted stock that vest on the third anniversary of the grant date if the reporting person remains in the continuous employ of the Company.
- (2) Stock option vests 33 1/3% per year beginning on first anniversary of grant date.

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.