Edgar Filing: Cryoport, Inc. - Form 4

Cryoport, In	IC.										
Form 4	2 2014										
December 2											
FORM	14 _{UNITED}	STATES	SECU	RITIES	AND EX	CHANGE	COMMISSION	т	PPROVAL		
	UNITED	STATE		ashington				Number:	3235-0287		
Check th					,			Expires:	January 31,		
if no lon subject t		MENT O	F CHAI	NGES IN	BENEF	ICIAL O	WNERSHIP OF	· ·	2005		
Section				SECUI	RITIES				Estimated average burden hours per		
Form 4 o								response	•		
Form 5 obligation							nge Act of 1934,				
may con				•	•	· ·	of 1935 or Section	on			
See Instr	ruction	30(n)	of the I	nvestmen	t Compan	y Act of 1	1940				
1(b).											
(Print or Type	Responses)										
	Address of Reporting	Person <u>*</u>	2. Issuer Name and Ticker or Trading			-	5. Relationship of Reporting Person(s) to				
ZECCHINI	EDWARD J		Symbol				Issuer				
			Cryoport, Inc. [CYRX]			(Check all applicable)					
(Last)	(First) ((Middle)	3. Date of	of Earliest T	ransaction						
			(Month/Day/Year)			X Director Officer (giv		6 Owner er (specify			
C/O CRYOPORT INC., 20382 BARENTS SEA CIRCLE			08/29/2014			below)	below)	er (speeny			
DAKENIS											
	(Street)		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Mo	onth/Day/Yea	ur)		Applicable Line) _X_ Form filed by	One Reporting Pe	erson		
LAKE FOF				Form filed by More than One Reporting							
							Person				
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficial	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securiti			6. Ownership	7. Nature of		
Security	(Month/Day/Year)		Date, if	Transactic Code	onAcquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect		
(Instr. 3)		any (Month/D	ay/Year)	(Instr. 8)	(Instr. 3, 4		•	(I) of multeet	Ownership		
			•					(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Cada V	A	or	(Instr. 3 and 4)				
				Code v	Amount	(D) Price					
Reminder: Rej	port on a separate lin	e for each c	lass of sec	urities bene	ficially owr	ned directly	or indirectly.				
							spond to the colle		SEC 1474		
							tained in this form ond unless the form		(9-02)		
							ntly valid OMB co				
					numb	-					

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

Edgar Filing: Cryoport, Inc. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Option to Purchase Common Stock	\$ 0.42	08/29/2014		А		50,000		<u>(1)</u>	08/29/2024	Common Stock	50,000
Option to Purchase Common Stock	\$ 0.4	12/18/2014		А		130,000		(2)	12/18/2024	Common Stock	130,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
ZECCHINI EDWARD J C/O CRYOPORT INC. 20382 BARENTS SEA CIRCLE LAKE FOREST, CA 92630	Х					
Signatures						

/s/ Edward J.	12/23/2014
Zecchini	12/25/2014

<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).

(1) 1/12 of the options vest on the 29th day of each month for twelve months beginning 9/29/14.

(2) 1/48 of the options vest on the 18th of each month for forty-eight months beginning on 1/18/2015.

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.