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Cryoport, In Form 4	IC.											
November 2	24, 2015											
FORM	Λ4		~ ~ ~ ~					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL		
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check tl if no lon subject t Section Form 4 d Form 5	ger o STATEN 16. or Filed put	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							Estimated burden hou response	Estimated average burden hours per response 0.5		
obligatio may con <i>See</i> Instr 1(b).	ruction	Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Hariri Robert J			2. Issuer Name and Ticker or Trading Symbol				ing	5. Relationship of Reporting Person(s) to Issuer				
		(Cryoport, Inc. [CYRX]					(Check all applicable)				
(Last)	(First) (iddle) 3. Date of Earliest Transaction									
C/O CRYOPORT INC., 20382 BARENTS SEA CIRCLE			(Month/Day/Year) 11/20/2015			X_ Director 10% Owner Officer (give title Other (specify below) below)						
		4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
LAKE FOR	REST, CA 92630							Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivati	ve Secu	rities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month		Date, if TransactionAcquired (A) or Code Disposed of (D) ny/Year) (Instr. 8) (Instr. 3, 4 and 5) (A))		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V	Amour	or nt (D)	Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each clas	ss of sec	urities bene	ficially o	wned di	irectly	or indirectly.				
					info req	ormatio uired to	n cont o resp	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

number.

 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 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities I
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4) S

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(Instr. 3)	Price of Derivative Security	(Mor	nth/Day/Year)	(Instr. 8)	Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	f			
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options to purchase common stock	\$ 2.66	11/20/2015		A	50,000	<u>(1)</u>	09/25/2025	Common Stock	50,000

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
Hariri Robert J C/O CRYOPORT INC. 20382 BARENTS SEA CIRCLE LAKE FOREST, CA 92630	Х			
Signatures				
/s/ Richard J. Harari M.D., PhD	11/24/	/2015		
**Signature of Reporting Person	Dat	e		

**Signature of Reporting Person

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).
- 1/48 of the options vest on the 25th of each month for forty-eight months beginning on 09/25/2015. (1)
- (2) Includes options to purchase 50,000 shares of common stock and warrants to purchase 15,300 shares of 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.