Form 5				
February 19, 2019 FORM 5			OMB AP	PROVAL
UNITED STATES Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Form 3 Holdings Section 17(a) of the	S SECURITIES AND EXCHANGE ( Washington, D.C. 20549 FATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act of	OMB 3235-03 Number: January 3 Expires: 20 Estimated average burden hours per response		
	of the Investment Company Act of 19			
1. Name and Address of Reporting Person <u>*</u> Saurini Sherry M	2. Issuer Name <b>and</b> Ticker or Trading Symbol CRYOLIFE INC [CRY]	5. Relationship of I Issuer		
(Last) (First) (Middle)	<ul><li>3. Statement for Issuer's Fiscal Year Ended</li><li>(Month/Day/Year)</li><li>12/31/2018</li></ul>	(Check Director X Officer (give t below)		) Owner r (specify
1655 ROBERTS BLVD NW		V	P, Quality	
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	nt/Group Repo	rting

#### KENNESAW, GAÂ 30144

Saurini Sherry M

\_X\_ Form Filed by One Reporting Person \_\_\_\_ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tak	ole I - Non-De	rivative Securities Acquiree	l, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/31/2018	01/05/2019	М	113 (1) A $$ 23.6725$	26,386 <u>(2)</u>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information<br/>contained in this form are not required to respond unless<br/>the form displays a currently valid OMB control number.SEC 2270<br/>(9-02)

 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. Transaction Code (Instr. 8)	5. Num of Deriva Securit Acquin (A) or Dispos (D) (Instr. and 5)	tive ties red sed of 3, 4,	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and Underlying S (Instr. 3 and	Securities
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 23.6725	07/01/2018	07/01/2018	A	113	Â	12/31/2018	12/31/2018	Common Stock	113
Stock Option (Right to Buy)	\$ 23.6725	12/31/2018	12/31/2018	М	Â	113	12/31/2018	12/31/2018	Common Stock	113

'n

### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Saurini Sherry M 1655 ROBERTS BLVD NW KENNESAW, GA 30144	Â	Â	VP, Quality	Â		

## Signatures

/s/ Sherry Saurini	02/19/2019
<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) These shares were acquired pursuant to CryoLife Inc.'s Employee Stock Purchase Plan (ESPP). The shares were acquired in transactions exempt from Section 16b-3.

In a Form 4 filed on July 10, 2018, Reporting Person over reported the total number of shares beneficially owned by a de minimus(2) number of shares. As a result, such shares were reflected in the post-transaction amounts in column 5 of that Form 4. Beneficially owned shares are hereby updated in column 5 on this Form 5 to remove such previously-added shares.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.