Rice Micha	nel								
Form 4									
March 09, 2									
FOR	M 4 _{UNITED}	STATES	SECUI	RITIES AI	ND EX	CHANGE	COMMISSION	Т	APPROVAL
			shington,				Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHANGES IN I							Expires: Estimated	January 31, 2005	
Section 16. SECURI					ΓIES			burden ho	
Form 4 Form 5 obligati may co <i>See</i> Insi 1(b).	Filed putions ntinue. Section 17	(a) of the F	Public U		ing Cor	npany Act	nge Act of 1934, of 1935 or Sectio 940	response on	. 0.5
(Print or Type	e Responses)								
1. Name and Rice Mich	Address of Reporting ael		Symbol	er Name and '		-	5. Relationship o Issuer	of Reporting Per	rson(s) to
(Last)	(First) (Middle)		of Earliest Tra			(Che	ck all applicabl	le)
(2000)	(1150)			Day/Year)	insaction		X Director	104	% Owner
INC., 3303	IFE SOLUTIONS 3 MONTE VILLA .Y, SUITE 310		03/08/2	2018			X Officer (giv below) Pr	ve title Ott below) esident & CEO	her (specify
	(Street)		4. If Am	endment, Dat	e Origina	1	6. Individual or J	Ioint/Group Fili	ing(Check
				onth/Day/Year)	U		Applicable Line) _X_ Form filed by	One Reporting P	Person
BOTHELI	L, WA 98021						Person	More than One R	teporting
(City)	(State)	(Zip)	Tab	le I - Non-De	erivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Transaction	Disposed Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Re	eport on a separate line	e for each cla	uss of sec	urities benefic	cially ow	ned directly o	or indirectly.		
	1				Perso inforn requir	ns who rest nation cont ed to respo sys a curren	spond to the colle ained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)
	Tab			curities Acqu s, warrants,			Beneficially Owned securities)	l	
1. Title of Derivative		insaction Dat th/Day/Year		eemed ition Date, if	4. Transa	5. Numb ctiorDerivativ		ercisable and Date	7. Title and Amount of Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, 4) 5)	f (D)	(Month/Day	'Year)	(Instr. 3 and	4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option	\$ 1.64	03/08/2018		А	229,226		<u>(1)</u>	12/20/2021	Common Stock	229,22

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Rice Michael C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021	Х		President & CEO			
BOTHELL, WA 98021						

Signatures

/s/ Michael Rice	03/09/2018
<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).

As disclosed in the registrants annual report on Form 10-K for the year ended December 31, 2016, on December 20, 2016, the reporting person was granted an option to purchase 229,226 shares of common stock. The option vests in two equal annual installments based on the registrant's satisfaction of certain performance criteria for the fiscal year ending December 2017. The performance criteria for 2017

(1) were met, resulting in vesting of the option as follows: 114,613 shares vested on March 8, 2018 and 114,613 shares will vest on March 8, 2019. No Form 4 filing was required upon the initial grant of the option because the option was subject to vesting based on conditions that were not tied to the passage of time and continued employment and not tied directly to the market price of the registrant's 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.