### Edgar Filing: Holloway Jean F - Form 4

Holloway Je Form 4									
March 18, 20									
FORM	<b>14</b> UNITED S		S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						PROVAL 3235-0287
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont See Instru 1(b).	ger 5 16. 5 7 Filed purs 15 17 16 17 17 18 19 19 19 19 19 19 19 19 19 19	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 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 I	Responses)								
1. Name and A Holloway Je	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol CRYOLIFE INC [CRY]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	fiddle) 3. Date o (Month/I	3. Date of Earliest Transaction (Month/Day/Year)				(Check all applicable)			
1655 ROBE	ERTS BLVD., NW	03/14/2	.019				X Officer (give below) VP, G	title Othe below) eeneral Counse	er (specify l
	(Street)		endment, Da nth/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by C	-	-
KENNESA	W, GA 30144						Form filed by M Form filed by M Person		
(City)	(State)	(Zip) Tab	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)       2. Transaction Date (Month/Day/Year)       2A. Deemed Execution Date, if any (Month/Day/Year)       3.       4. Securities Act Transaction(A) or Disposed Code (Instr. 3, 4 and 4)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	03/14/2019	03/14/2019	F	3 (1)	D	\$ 29.7	53,320	D	
Common Stock	03/14/2019	03/14/2019	А	5,940 (2)	А	\$0	59,260	D	
Common Stock	03/14/2019	03/14/2019	F	894 <u>(3)</u>	D	\$ 28.92	58,366	D	

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

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#### number.

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

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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
Holloway Jean F 1655 ROBERTS BLVD., NV KENNESAW, GA 30144	N		VP, General Counsel					
Signatures								
/s/ Jean F. Holloway 0	3/18/2019							

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This is an adjustment to the shares withheld for taxes for the 3/1/2019 PSU Vesting.
- Represents performance stock units granted on March 12, 2018 and earned at approximately 80% of target based on 2018 adjusted(2) EBITDA. Fifty percent (50%) were issued on March 14, 2018. The remaining shares earned in connection with the March 2018 grant will
- vest and be issued as follows: 50% on 03/12/2020, and 50% on 03/12/2021, assuming continued employment on the relevant vesting date.
- (3) These shares were withheld upon the vesting of performance stock units to pay tax withholding obligations.

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.

\*\*Signature of

Reporting Person