CRYOLIFE INC Form 5 July 11, 2017

### FORM 5

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0362

no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box if

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1.0

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

may continue. *See* Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

(City)

1. Name and Address of Reporting Person * Davis John E			2. Issuer Name and Ticker or Trading Symbol CRYOLIFE INC [CRY]	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016	(Check all applicable)  Director 10% Owner Officer (give title Other (specif below)  Senior VP, Global Sales		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting  (check applicable line)		
KENNESAV	V, GA 30	144		Y Form Filed by One Reporting Person		

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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 Acquired ( Transaction or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)		cquired (A)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Amount	(A) or (D)	Price	(Instr. 3 and 4)	(Instit. 1)	
Common Stock	12/31/2016	12/31/2016	M	2,000 (1)	A	\$ 10.2	39,586	D	Â
Common Stock	06/30/2017	06/30/2017	M	1,305 (1)	A	\$ 16.2775	40,891	D	Â

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

(State)

(Zip)

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SEC 2270 (9-02)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and
					(A)	(D)	Date Exercisable	Expiration Date	Title
Stock Option(Right to Buy)	\$ 10.2	12/31/2016	12/31/2016	A	2,000	Â	12/31/2016	12/31/2016	Common Stock
Stock Option (Right to Buy)	\$ 10.2	12/31/2016	12/31/2016	M	Â	2,000	12/31/2016	12/31/2016	Common Stock
Stock Option (Right to Buy)	\$ 16.2775	06/30/2017	06/30/2017	A	1,305	Â	06/30/2017	06/30/2017	Common Stock
Stock Option (Right to Buy)	\$ 16.2775	06/30/2017	06/30/2017	M	Â	1,305	06/30/2017	06/30/2017	Common Stock

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Davis John E 1655 ROBERTS BLVD., NW KENNESAW, GA 30144	Â	Â	Senior VP, Global Sales	Â			

## **Signatures**

/s/ John Davis 07/11/2017

\*\*Signature of Person Date

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) 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.

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.

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