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CRYOLIFE INC

Form 4

June 10, 2002

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 4
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
( ) Check this box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue. See Instructions 1(b).
1. Name and Address of Reporting Person
  ELKINS, RONALD C. M.D.
  c/o CryoLife, Inc.
  1655 Roberts Boulevard, N.W.
  Kennesaw, GA 30144
  USA
2. Issuer Name and Ticker or Trading Symbol
  CRYOLIFE, INC.
   CRY
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
   05/08/2002
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   (X) Director ( ) 10% Owner ( ) Officer (give title below) ( ) Other
   (specify below)
   Director
7. Individual or Joint/Group Filing (Check Applicable Line)
   (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
                         |2. |3. |4.Securities Acquired (A) |5.Amount of
1. Title of Security
                          | Transaction | or Disposed of (D)
                                                                           | Securities
                                                                          | Beneficially
                          | A/|
                          1
                                | Owned at
                          | Date | Code | V | Amount
                                                          | D | Price | End of Month
                         |5-8-02|S | |1,000
                                                          |D |$31.00
                                                                          143,520
Common Stock
Table II -- Derivative Securitites Acquired, Disposed of, or Beneficially Owned
1. Title of Derivative |2. Con- |3. |4. |5. Number of De |6. Date Exer|7. Title and Amount |8. F
                     of
                                                                                            |vat
                     | cise | | red(A) or Dis | Date (Month/| | |
|Price of | | posed of (D) | Day/Year) |
|Deriva- | | | Date | Expir|
|tive | | | A/|Exer-|ation|
|Secu- | | D | cisa-|Date |
                                                                                            ISec
                                                                                            |rit
                                                      \mid A/\midExer-\midation\mid Title and Number \mid
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|rity |Date |Code|V| Amount | |ble |

| D |cisa-|Date | of Shares |

- 1

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Explanation of Responses: SIGNATURE OF REPORTING PERSON /s/ Ronald C. Elkins, M.D. DATE June 7, 2002