

Edgar Filing: CRYOLIFE INC - Form 4

CRYOLIFE INC
Form 4
April 05, 2002

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
03/13/2002
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

1. Title of Security	2. Transaction Date	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Month Price
Common Stock	3-13-02	S	1,000	\$28.87
Common Stock	3-14-02	S	800	\$28.90
Common Stock	3-14-02	S	556	\$29.25

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Price of	3. Transaction Date	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities	8. Percentage of Total Ownership
---------------------------------	------------------------------------	---------------------	---------------------	--	--	--	----------------------------------

Edgar Filing: CRYOLIFE INC - Form 4

Deriva- tive Secu- rity	Date	Code	V	Amount	D	Exer- cisa- ble	Date	Title and Number of Shares
----------------------------------	------	------	---	--------	---	-----------------------	------	-------------------------------

--	--	--	--	--	--	--	--	--

Explanation of Responses:
SIGNATURE OF REPORTING PERSON
/s/ Ronald C. Elkins, M.D.
DATE
April 4, 2002