

Edgar Filing: CRYOLIFE INC - Form 4

CRYOLIFE INC
 Form 4
 March 08, 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
 02/12/2002
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. Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Month Price
Common Stock	12-12-02	S	1,900	\$26.10
	12-12-02	S	100	\$26.27
	12-27-02	S	1,000	\$25.01

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

1. Title of Derivative Security	2. Conversion or Exercise Price of	3. Transaction	4. Derivative Securities Acquired (A) or Disposed of (D)	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. Put or Call
---------------------------------	------------------------------------	----------------	--	--	--	--	----------------

Edgar Filing: CRYOLIFE INC - Form 4

Deriva- tive Secu- rity	Date	Code	V	Amount	Date	Expir- ation	Title and Number of Shares
----------------------------------	------	------	---	--------	------	-----------------	-------------------------------

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

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