CRYOLIFE INC Form 4

April 11, 2007

FORM 4

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

Check this box if no longer subject to Section 16.

Form 4 or Form 5

obligations may continue. See Instruction 1(b).

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 Responses)

1. Name and Address of Reporting Person * LACY VIRGINIA C

2. Issuer Name and Ticker or Trading Symbol

CRYOLIFE INC [CRY]

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 04/10/2007

CRYOLIFE, INC., 1655 ROBERTS BOULEVARD, N.W.

> (Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

_X__ Director 10% Owner _ Other (specify Officer (give title below)

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

KENNESAW, GA 30144

(City)	(State)	(Zip) 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)	A. Deemed 3. 4. Securities Acquired Execution Date, if Transaction(A) or Disposed of Code (D) Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	04/10/2007		Code V $S_{\underline{(1)}}^{(1)}$	Amount 100	(D)	Price \$ 9.55	259,580	I	Beneficiary of Trusts (2)
Common Stock	04/10/2007		S <u>(1)</u>	100	D	\$ 9.57	259,480	I	Beneficiary of Trusts (2)
Common Stock	04/10/2007		S(1)	100	D	\$ 9.59	259,380	I	Beneficiary of Trusts (2)
Common Stock	04/10/2007		S(1)	100	D	\$ 9.6	259,280	I	Beneficiary of Trusts (2)
Common Stock							2,500	D	

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Common Stock	165,879	I	Beneficiary of IRA (2)
Common Stock	22,500	I	Administrator of Pension Plan

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

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SEC 1474

(9-02)

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

1. Title Deriva		ersion	3. Transaction Date (Month/Day/Year)		4. Transact	5.	6. Date Exerc Expiration D		7. Title a		8. Price of Derivative	9. Nu Deriv
Securit	ty or Exe	ercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr.	3) Price of	of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securitie	es	(Instr. 5)	Bene
	Deriva	ative				Securities	3		(Instr. 3	and 4)		Own
	Securi	ty				Acquired						Follo
						(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
									A	mount		
							Date	Expiration	0:	r		
							Exercisable	Date	Title N	lumber		
							Lacielsable	Date	0			
					Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

LACY VIRGINIA C CRYOLIFE, INC. 1655 ROBERTS BOULEVARD, N.W. KENNESAW, GA 30144

X

Signatures

/s/ Virginia C.

Lacy 04/10/2007

**Signature of Date

Reporting Person

Reporting Owners 2

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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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 6, 2006.
- (2) Ms. Lacy is the beneficiary of three trusts and an IRA in the name of her deceased spouse.

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.