Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

| BIOLIFE S | SOLUTIONS INC | | | | | | | | | | |
|---|---|--|--|------------------------------|-----------------------------|--|---|--|---|----|--|
| Form 4 | | | | | | | | | | | |
| June 03, 20 | 016 | | | | | | | | | | |
| FOR | M4 | STATES | SECU | DITIES A | | | COMMISSION | | PPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-02 | 87 | |
| Check i if no lo subject Section Form 4 Form 5 | to SIATEN 16. or | | OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES o Section 16(a) of the Securities Exchange Act of 1934, | | | | | Expires: Estimated burden ho response | urs per | | |
| obligati may co | ions Section 17 | (a) of the l | Public U | | ding Com | pany Act | of 1935 or Sectio | n | | | |
| (Print or Type | e Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Mathers James | | | 2. Issuer Name and Ticker or Trading Symbol BIOLIFE SOLUTIONS INC [BLF | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (| Middle) | | of Earliest T | | | (Chec | k all applicab | le) | | |
| | | | | $\frac{1}{3/2016} Director$ | | | X Officer (give below) | ve title 10% Owner Other (specify below) President of Sales | | | |
| | (Street) | | 4. If Am | endment, Da | ate Original | e Original 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | | onth/Day/Yea | - | | Applicable Line) _X_ Form filed by (Form filed by N | One Reporting F | Person | | |
| BOTHELI | L, WA 98021 | | | | | | Person | fore than one r | epotting | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-I | Derivative S | Securities A | cquired, Disposed of | f, or Beneficia | ally Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution any (Month/Da | Date, if | Code | | A) or of (D) | SecuritiesHBeneficially(Owned(| b. Ownership Form: Direct D) or Indirect I) Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Damindam D | | - flllllll | c | | C | | | | | | |
| Kenninger: Ke | eport on a separate line | | ass of sec | unnes dener | Persor inform require | ns who res ation cont ed to respo ys a currer | spond to the collect ained in this form and unless the form ntly valid OMB con | are not n | SEC 1474 (9-02) | | |
| | Tab | | | curities Acq ls, warrants | | | Beneficially Owned securities) | | | | |
| | | saction Date /Day/Year) | | | 4. Transactio | 5. Number Derivative | | | 7. Title and Underlying | | |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A Disposed of (Instr. 3, 4, 5) | f (D) | (Month/Day/Year) | | (Instr. 3 and 4) | |
|---------------------------------------|---|------------|-------------------------|--------------------|---|-------|---------------------|--------------------|------------------|----------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Options (Right to Buy) | \$ 1.59 | 06/03/2016 | | A | 100,000 | | (1) | 06/03/2026 | Common Stock | 100,000 |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|------------|---------------|-------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Mathers James C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, SUITE 3 BOTHELL, WA 98021 | 310 | | Vice President of Sales | | | | | |
| Signatures | | | | | | | | |
| /s/ Roderick de Greef as attorney-in-fact | 06/03/2016 | | | | | | | |

Date

<u>*</u>Signature of 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) The options vest 25% on the first anniversary of the grant date, and in 36 equal monthly installments thereafter.

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.