

Edgar Filing: CRYOLIFE INC - Form 4

CRYOLIFE INC
 Form 4
 April 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
 LACY, VIRGINIA C.
 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
 03/06/2002
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 | 3-6-02 | G | V 5,000 | D 355,280 |
| | | | | 165,879 |
| | | | | 22,500 |

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

| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 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 |
|---------------------------------|---|---------------------|---------------------|--|--|--|----------------------------------|
| | | | | | | Title and Number | |

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| Secu- rity | Date | Code | V | Amount | D | cisa- ble | Date | of Shares |
|---------------|------|------|---|--------|---|--------------|------|-----------|
| | | | | | | | | |

Explanation of Responses:

(1) Ms. Lacy is the beneficiary of three Trusts and an IRA in the name of her deceased spouse.

SIGNATURE OF REPORTING PERSON

/s/ Virginia C. Lacy

DATE

April 8, 2002