

CRYOLIFE INC
Form 3
August 10, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Horton Amy		(Month/Day/Year)	CRYOLIFE INC [CRY]	
(Last)	(First)	(Middle)	08/01/2006	
CRYOLIFE, INC.,Â 1655 ROBERTS BLVD., NW			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
KENNESAW,Â GAÂ 30144			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			Chief Accounting Officer	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	12,819 ⁽¹⁾	D	Â

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

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

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		Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (Date of Grant: 6-29-04)	06/29/2005 ⁽²⁾	12/29/2009	Common Stock	8,838	\$ 5.36	D	Â
Stock Option (Date of Grant: 6-29-04)	06/29/2005 ⁽²⁾	12/29/2009	Common Stock	1,162	\$ 5.36	D	Â
Stock Option (Date of Grant: 2-21-06)	02/21/2007 ⁽²⁾	08/21/2011	Common Stock	9,000	\$ 4.25	D	Â
Stock Option (Date of Grant: 8-31-02)	08/31/2003 ⁽²⁾	02/29/2008	Common Stock	16,465	\$ 2.2	D	Â
Stock Option (Date of Grant: 8-31-02)	08/31/2003 ⁽²⁾	02/29/2008	Common Stock	685	\$ 2.2	D	Â
Stock Option (Date of Grant: 12-6-01)	09/30/2005 ⁽³⁾	06/06/2007	Common Stock	10,000	\$ 30.14	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Horton Amy CRYOLIFE, INC. 1655 ROBERTS BLVD., NW KENNESAW, GA 30144	Â	Â	Â Chief Accounting Officer	Â

Signatures

/s/ Amy Horton 08/10/2006
 **Signature of Date
 Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Includes 1,715 shares acquired under the CryoLife, Inc. Employee Stock Purchase Plan.
- (2) Stock options vest in 20% increments beginning on first anniversary of grant date
- (3) Original vesting schedule of stock options was in 20% increments beginning on first anniversary of grant date, however, vesting was accelerated so that all options became fully vested on 9/30/05.

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.