

Gaines George  
Form 3  
February 21, 2018

**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 <b>and</b> Ticker or Trading Symbol	
CRYO CELL INTERNATIONAL INC			(Month/Day/Year)	Cord Blood America, Inc. [CBAI]	
(Last)	(First)	(Middle)	02/13/2018		
700 BROOKER CREEK BLVD., SUITE 1800,Â			4. Relationship of Reporting Person(s) to Issuer		
(Street)			(Check all applicable)		
OLDSMAR,Â FLÂ 34677			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)		
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)		
			6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" 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	114,207,446 <u>(1)</u> <u>(5)</u>	D	Â
Common Stock	16,268,554 <u>(2)</u> <u>(5)</u>	D	Â
Common Stock	4,061,770 <u>(3)</u> <u>(5)</u>	D	Â
Common Stock	25,000,000 <u>(4)</u> <u>(5)</u>	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)**

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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) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date			
			Title	Amount or Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CRYO CELL INTERNATIONAL INC 700 BROOKER CREEK BLVD., SUITE 1800 OLDSMAR, FL 34677	^	^ X	^	^
PORTNOY DAVID 700 BROOKER CREEK BLVD., SUITE 1800 OLDSMAR, FL 34677	^	^ X	^	^
Portnoy Mark L. 700 BROOKER CREEK BLVD. ST. 1800 OLDSMAR, FL 34677	^	^ X	^	^
Gaines George 700 BROOKER CREEK BLVD., SUITE 1800 OLDSMAR, FL 34677	^	^ X	^	^

## Signatures

/s/ David Portnoy, Individual, and Chief Executive Officer and Authorized Representative of Cryo-Cell, International, Inc.	**Signature of Reporting Person	02/21/2018
	Date	
/s/ David Portnoy	**Signature of Reporting Person	02/21/2018
	Date	
/s/ Mark Portnoy	**Signature of Reporting Person	02/21/2018
	Date	
/s/ George Gaines	**Signature of Reporting Person	02/21/2018
	Date	

## 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) Shares owned solely by CRYO-CELL International, Inc.
- (2) Shares owned solely by David I. Portnoy.
- (3) Shares owned solely by Mark L. Portnoy.

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- (4) Shares owned solely by George Gaines.
- (5) Messrs. Portnoy, Portnoy and Gaines, along with CRYO-CELL International, Inc. are deemed to be members of a "group" for purposes of Section 13(d) of the Securities Exchange Act of 1934, as amended.

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.