## Edgar Filing: ZECCHINI EDWARD J - Form 4

ZECCHINI	EDWARD J									
Form 4	10									
May 21, 20									PPROVAL	
FORM	<b>14</b> UNITED	STATES	SECU	<b>RITIES</b> A	AND EX	CHANG	E COMMISSION			
Chaols th	hor.		Wa	shington	, D.C. 2	0549		Number:	3235-0287	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimation burder							Expires: Estimated burden hou response	urs per		
1(b).										
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> ZECCHINI EDWARD J			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			Cryoport, Inc. [CYRX]				(Check all applicable)			
(Last) (First) (Middle) C/O CRYOPORT INC., 17305 DAIMLER ST.			3. Date of Earliest Transaction (Month/Day/Year) 06/23/2017			Officer (give title Other (specify below) below)				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
IRVINE, C	A 92614						Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities	Acquired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	Securities D 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)	
Reminder Pa	port on a separate line	for each a	ass of see	urities here	ficially ou	ned directly	or indirectly			
Kenninder, Ke	port on a separate find	, for each ch		unues delle	Perso infor requi	ons who re nation con red to resp ays a curre	spond to the collect tained in this form fond unless the for ently valid OMB cor	are not m	SEC 1474 (9-02)	

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

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities I
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired ( <i>A</i> or Disposed (D) (Instr. 3, 4, and 5)	d of				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options to purchase common stock	\$ 4.8	06/23/2017		A	35,000		<u>(1)</u>	06/23/2027	Common Stock	35,000
Options to purchase common stock	\$ 9.29	05/17/2018		A	35,000		(2)	05/17/2028	Common Stock	35,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
ZECCHINI EDWARD J C/O CRYOPORT INC. 17305 DAIMLER ST. IRVINE, CA 92614	Х					
Signatures						

/s/ Edward J. Zecchini	05/18/2018			
<u>**</u> Signature of Reporting Person	Date			

## **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).

1/12 of these options vested and became exercisable in equal monthly installments on the 23rd of each month for the next twelve (12)(1) months beginning on 07/23/2017. Options issued under the compensation plan for non-employee directors for services as director during the 2017/18 term.

1/12 of these options vest and become exercisable in equal monthly installments on the 17th of each month for the next twelve (12)

(2) months beginning on 06/17/2018. Options issued under the compensation plan for non-employee directors for services as director during the 2018/19 term.

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.