Cryoport, Inc. Form 4 July 05, 2016

### FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction 1(b).

1. Name and Address of Reporting Person \*

C/O CRYOPORT INC., 17305

STATEMENT OF CHANGES IN 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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

Mandalam Ramkumar Issuer Symbol Cryoport, Inc. [CYRX] (First) (Middle) (Last) 3. Date of Earliest Transaction

(Month/Day/Year) 06/30/2016

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

(Check all applicable)

OMB

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

Indirect

Beneficial

Ownership

(Instr. 4)

2005

0.5

X\_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

**IRVINE, CA 92614** 

DAIMLER ST.

(City) (State) (Zip)

(Street)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 6. Ownership 7. Nature of 5. Amount of Transaction(A) or Disposed of Security (Month/Day/Year) Execution Date, if Securities Form: Direct (Instr. 3) Code (D) Beneficially (D) or any (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 06/30/2016 D 14.068 Stock

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

#### Edgar Filing: Cryoport, Inc. - Form 4

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc       |                 | 7. Titl |          | 8. Price of | 9. Nu    |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------------|-----------------|---------|----------|-------------|----------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D        | ate             | Amou    | ınt of   | Derivative  | Deriv    |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/         | Year)           | Under   | lying    | Security    | Secui    |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e                   |                 | Securi  | ities    | (Instr. 5)  | Bene     |
|             | Derivative  |                     | •                  |            | Securities | 3                   |                 | (Instr. | 3 and 4) |             | Owne     |
|             | Security    |                     |                    |            | Acquired   |                     |                 |         |          |             | Follo    |
|             |             |                     |                    |            | (A) or     |                     |                 |         |          |             | Repo     |
|             |             |                     |                    |            | Disposed   |                     |                 |         |          |             | Trans    |
|             |             |                     |                    |            | of (D)     |                     |                 |         |          |             | (Instr   |
|             |             |                     |                    |            | (Instr. 3, |                     |                 |         |          |             | (2.11541 |
|             |             |                     |                    |            | 4, and 5)  |                     |                 |         |          |             |          |
|             |             |                     |                    |            | i, and 3)  |                     |                 |         |          |             |          |
|             |             |                     |                    |            |            |                     |                 |         | Amount   |             |          |
|             |             |                     |                    |            |            | Data                | Evaluation      |         | or       |             |          |
|             |             |                     |                    |            |            | Date<br>Exercisable | Expiration Date | Title I | Number   |             |          |
|             |             |                     |                    |            |            |                     |                 |         | of       |             |          |
|             |             |                     |                    | Code V     | (A) (D)    |                     |                 |         | Shares   |             |          |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| • 0   | Director      | 10% Owner | Officer | Other |  |  |  |
| Mandalam Ramkumar<br>C/O CRYOPORT INC.<br>17305 DAIMLER ST.<br>IRVINE, CA 92614 | X             |           |         |       |  |  |  |

## **Signatures**

/s/ Ramkumar Mandalam Ph.D. 07/05/2016

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.

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