Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

BIOLIFE SO	LUTIONS INC												
Form 4													
April 06, 201													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PPROVAL			
	- UNITED S	TATES SE				ND EX(D.C. 20:		NGE	COMMISSION	OMB Number:	3235-0287		
Check this	s box		vv a51	inigio	11, 1	J.C. 20	547				January 31		
if no long	er STATEM	ENT OF C	HAN(GES II	N B	ENEFI	CIA	LOW	NERSHIP OF	Expires: 20			
subject to Section 16		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES								Estimated average burden hours per			
Form 4 or										response 0.5			
Form 5 obligation	- ·							-	ge Act of 1934,				
may conti				•		•	· ·		f 1935 or Sectio	n			
See Instru		30(h) of t	the Inv	restme	nt C	Compan	y Act	t of 19	40				
1(b).													
(Print or Type R	esponses)												
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of							f Reporting Per	Reporting Person(s) to					
COHEN RAYMOND W Symbol				C					Issuer				
		BI	IOLIFE	ESOL	UT	IONS II	NC [I	BLFS]	(Che	ck all applicable	a)		
(Last)	(First) (M	iddle) 3. I	3. Date of Earliest Transaction					n un uppriouoro)					
			Ionth/Da	-)				_X_ Director		6 Owner		
C/O BIOLIFE SOLUTIONS, 04/03/20				017					Officer (give titleOther (specifybelow)below)				
	AONTE VILLA												
PARKWAY													
	(Street)			ndment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mont				nth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
BOTHELL,	WA 98021								Form filed by M	More than One R			
									Person				
(City)	(State) (Zip)	Table	I - Non	-De	rivative	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date							5. Amount of	6. Ownership				
Security	(Month/Day/Year)		Date, if	TransactionAcquired (A) or						Form: Direct	Indirect		
(Instr. 3)		any (Month/Day)	Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)						Beneficially Owned		Beneficial Ownership		
		` J	,		(<i>.</i>	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				C 1	T 7		or	D '	(Instr. 3 and 4)				
Common				Code	V	Amount	(D)	Price					
Stock	04/03/2017			А		8,929	А	<u>(1)</u>	46,898	D			

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

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 Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
COHEN RAYMOND W C/O BIOLIFE SOLUTIONS, INC 3303 MONTE VILLA PARKWA` 30THELL, WA 98021	Х							
Signatures								
/s/ Raymond W. 04/05 Cohen	5/2017							

******Signature of Reporting Person

5

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).
- The shares of common stock were issued to the reporting person pursuant to the BioLife Solutions 2013 Performance Incentive Plan in (1) lieu of receiving \$18,750 of director fees for the quarter.

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.