Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

	DLUTIONS INC										
Form 4 March 17, 20)16										
FORM									OMB AI	PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer				~~~~	-					January 31, 2005	
subject to Section 16. SECURITIES					NERSHIP OF	Estimated average burden hours per					
Form 4 or Form 5		sugnt to 9	Section 1	S(a) of the	a Sacuriti	oc Ev	chana	e Act of 1934,	response	0.5	
obligation may cont	ns Section 17(a	a) of the	Public Ut	ility Hold	ling Com	pany	Act of	f 1935 or Section	n		
<i>See</i> Instru 1(b).	iction	30(n)	of the In	vestment	Company	Act	01 192	ŧU			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Snyder Matt			2. Issuer Name and Ticker or Trading Symbol BIOLIFE SOLUTIONS INC [BLFS]				-	5. Relationship of Reporting Person(s) to Issuer			
						AC [B	SLFS	(Chec	k all applicable	e)	
(Last)	(First) (M	(iddle)		Earliest Tra	ansaction			Director	100	Owner	
3303 MONT SUITE 310	FE VILLA PARK	WAY,	(Month/D 03/15/20	-				Officer (give below)		er (specify	
	(Street)			ndment, Da	-			6. Individual or Jo	oint/Group Filir	1g(Check	
BOTHELL,	WA 98021		Filed(Mon	th/Day/Year))			Applicable Line) _X_ Form filed by C Form filed by M			
(City)		(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acc	Person juired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any				on(A) or Disposed of (D)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
				Code V	Amount	(A) or	Duia	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	03/15/2016			Code V A	Amount 25,000 (1)	(D) A	Price \$ 0	25,000	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
r O	Director	10% Owner	Officer	Other			
Snyder Matt			Vice				
3303 MONTE VILLA PARKWAY, SUITE 310			President,				
BOTHELL, WA 98021			Global Sales	5			

Signatures

/s/ Matt Snyder	03/17/2016
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**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).

(1) The restricted stock vests 25% on the grant date and thereafter, in 36 equal monthly installments.

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.