Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

BIOLIFE SO	DLUTIONS INC										
Form 4											
September 0	1, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,	
if no long subject to		IENT O	F CHAN	GES IN BENEFICIAL OWNERS				NERSHIP OF	Estimated average burden hours per		
Section 1				SECU	SECURITIES						
Form 4 or	r								response 0.5		
Form 5	Filed pur	suant to S	Section 1	6(a) of t	he Secu	rities E	Exchange	e Act of 1934,			
obligatior may conti				•	•	- ·	•	1935 or Section	n		
See Instru		30(h)	of the In	vestmer	t Comp	any Ac	t of 194	10			
1(b).											
(Print or Type R	Responses)										
			2. Issuer Symbol	ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
-	, ,		BIOLIF	E SOLI	JTIONS	INC [BLFS1				
(Least)	(Einst)	(Gddla)				-	221.0]	(Chec	k all applicable)	
(Last)				Date of Earliest Transaction onth/Day/Year) 30/2016				Director 10% Owner X Officer (give title Other (specify			
			08/30/2								
	MONTE VILLA		00/00/2	010				below)	below) Chief Tech. Of	fican	
	, SUITE 310							51. VF &	Chief Tech. Of	licei	
	(Street)		4 If Ame	ndment T)ate Orio	nal		6 Individual or Io	int/Group Filin	o(Check	
				Amendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			× ×	ý	·			_X_ Form filed by C			
BOTHELL,	WA 98021							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-			_	uired, Disposed of		-	
1.Title of	2. Transaction Date			3. Transact		urities A		5. Amount of	6. Ownership Form: Direct		
Security (Instr. 3)	(Month/Day/Year)	any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)						(D) or	Beneficial	
(110410)		(Month/D							Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				a .		or		(Instr. 3 and 4)			
Common				Code	Amou	nt (D)	Price ¢				
Common Shares	08/30/2016			М	7,142	A	\$ 0.981	76,531	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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 0.981 (1)	08/30/2016		М	7,142 (1)	(2)	10/12/2016	Common Stock	7,142 (1)	

Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Mathew Aby J. C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021			Sr. VP & Chief Tech. Officer			

Signatures

/s/ Aby Mathew

09/01/2016

<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) Reflects 1:14 stock split by the Company on January 29, 2014.

(2) Fully exercisable at 10/12/2010.

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.