## Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

BIOLIFE SO	LUTIONS INC											
Form 4	_											
April 05, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	PPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this	Washington, D.C. 20349								January 31			
if no long	er STATEM	ENT OF	CHAN	GES IN BENEFICIAL OW					NERSHIP OF	Expires:	2005	
subject to Section 16	<b>5</b> .			SECUE	RITI	IES				Estimated average burden hours per		
Form 4 or									response	•		
Form 5 obligation	- ·							-	ge Act of 1934,			
may conti				•	-	-	• •		f 1935 or Sectio	n		
See Instru	ction	30(h) of	f the Inv	estment	t Coi	mpany	Act	t of 19	40			
1(b).												
(Print or Type R	esponses)											
	ddress of Reporting P	erson <u>*</u>	2. Issuer	Name and Ticker or Trading					5. Relationship of Reporting Person(s) to			
Hinson Andrew G Symb									Issuer			
		E	BIOLIFI	E SOLU	TIO	ONS IN	VC [H	BLFS]	(Che	ck all applicable	e)	
(Last)	(First) (M	iddle) 3	3. Date of Earliest Transaction					(chief	(eneer un appreuere)			
~ ~ ~ ~ ~ ~ ~ ~ ~			Month/Da	-					XDirector		6 Owner	
				/03/2017					Officer (give titleOther (specifybelow)below)			
PARKWAY	MONTE VILLA											
FARKWAT												
(Street) 4. If Amer Filed(Mont				nendment, Date Original					6. Individual or Joint/Group Filing(Check			
				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-I	Deriv	vative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date								5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)					Beneficially	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership (Instr. 4)	
(1130.5)			ay/Year)									
									Following	(Instr. 4)		
							(A)		Reported Transaction(s)			
				Code V	JA	mount	or (D)	Price	(Instr. 3 and 4)			
Common												
Stock	04/03/2017			А	2,	,679	А	<u>(1)</u>	24,030	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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4	int of rlying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Hinson Andrew G C/O BIOLIFE SOLUTIONS, INC. Х 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021 Signatures /s/ Andrew G. 04/05/2017 Hinson

\*\*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).
- 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 \$5,625 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.