Edgar Filing: Mathew Aby J. - Form 4

Mathew Aby J.											
Form 4	10										
February 27, 20										PPROVAL	
FORM 4	4 UNITED) STATES					IGE (COMMISSION		3235-0287	
Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	STATE Filed pu e. Section 17	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							Expires:January 31Expires:200Estimated averageburden hours perresponse0.3		
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u>*</u> Mathew Aby J.			2. Issuer Name and Ticker or Trading Symbol BIOLIFE SOLUTIONS INC [BLFS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)					(Check all applicable)				
(Month/				ate of Earliest Transaction nth/Day/Year) 25/2019				Director 10% Owner X_ Officer (give title Other (specify below) Sr. VP & Chief Tech. Officer			
(Street) 4. If Amer				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
BOTHELL, W	A 98021								Iore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
	. Transaction Da Month/Day/Yea	r) Executio any	on Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or Dis (D)	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 0. Stock 0.	2/25/2019			А	16,598 (1)	A	<u>(1)</u>	182,620	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)

Edgar Filing: Mathew Aby J. - Form 4

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. Number of orDerivative 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. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Award	\$ 0	02/25/2019		А	16,598 (2)	(2)	(2)	Common Stock	16,598	

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 02/27/2019 **Signature of Date

Reporting Person

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 restricted stock was granted pursuant to the BioLife Solutions 2013 Performance Incentive Plan and vests 25% on the first (1)anniversary of the grant date and thereafter quarterly, in 12 equal quarterly installments.

The restricted stock was granted pursuant to the BioLife Solutions 2013 Performance Incentive Plan. The restricted stock will vest on the date that the registrant files its Annual Report on Form 10-K for the fiscal year ended 2020 and will vest as to between 0% and 200% of (2) the reported number of shares in column 5 based on the registrant's total shareholder return during the period beginning on January 1,

2019 through December 31, 2020 as compared to the total shareholder return of 20 of the registrant's peers (such peers have been determined by the registrant's compensation committee with assistance of an outside consultant immediately prior to the grant date).

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.