## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193	34
or Section 30(h) of the Investment Company Act of 1940	

1. Name and Address of Reporting Person <sup>*</sup> <u>ZECCHINI EDWARD J</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cryoport, Inc.</u> [ CYRX ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					X	Director	10% Owner			
					Officer (give title	Other (specify				
	O CRYOPORT		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021		below)	below)			
	2 WESTWOOD	PLACE, SUITE 35	50							
(Str	reet) RENTWOOD	TN	37027	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv X	dual or Joint/Group Filing (Ch Form filed by One Reportin Form filed by More than Or	ig Person			
(Cit	ity)	(State)	(Zip)							

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code V Amount (		(A) or (D)	Price	(Instr. 3 and 4)		(Instr. 4)		
Common Stock	07/01/2021		<b>M</b> <sup>(1)</sup>	5,000	Α	\$3.07	40,023	D	
Common Stock	07/01/2021		<b>S</b> <sup>(1)</sup>	3,677	D	<b>\$</b> 62.5972 <sup>(2)</sup>	36,346	D	
Common Stock	07/01/2021		<b>S</b> <sup>(1)</sup>	1,323	D	<b>\$</b> 63.1262 <sup>(3)</sup>	35,023	D	

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	Date	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)				Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Reported	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Option to purchase common stock	\$3.07	07/01/2021		M <sup>(1)</sup>			5,000	(4)	08/19/2025	Common Stock	5,000	<b>\$</b> 0	75,000	D	

## Explanation of Responses:

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 11, 2020.

2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$62.01 to \$62.935, inclusive. The reporting person undertakes to provide to Cryoport, Inc., any security holder of Cryoport, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

3. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$63.04 to \$63.19, inclusive. The reporting person undertakes to provide to Cryoport, Inc., any security holder of Cryoport, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

4. 1/48 of the options vested on the 7th of each month for forty-eight months beginning on 8/19/2015.

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

/s/ Edward J. Zecchini	07/0
** Signature of Reporting Person	Date

\*\* Signature of Reporting Person

06/2021

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.