

1. Name and Address of Reporting Person* <u>SHELTON JERRELL</u> (Last) (First) (Middle) <u>C/O CRYOPORT INC.</u> <u>112 WESTWOOD PLACE, SUITE 350</u> (Street) <u>BRENTWOOD TN 37027</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Cryoport, Inc. [CYRX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>President, CEO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/24/2025</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	06/24/2025		M		16,344 ⁽¹⁾	A	\$5	928,763	D	
Common Stock	06/24/2025		S		16,344 ⁽¹⁾	D	\$7.0586 ⁽²⁾	912,419	D	
Common Stock	06/25/2025		M		25,000 ⁽³⁾	A	\$5	937,419	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction 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 Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$5	06/24/2025		M			16,344 ⁽¹⁾	(4)	08/20/2025	Common Stock	16,344	\$0.00	150,000	D	
Stock Option (right to buy)	\$5	06/25/2025		M			25,000 ⁽³⁾	(4)	08/20/2025	Common Stock	25,000	\$0.00	125,000	D	

Explanation of Responses:

1. This transaction occurred automatically pursuant to a trading plan adopted by the reporting person on June 3, 2025.

2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.61 to \$7.31, inclusive.

3. This transaction involved a cash exercise of a stock option without a subsequent sale of the underlying shares of common stock.

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

Remarks:

With respect to prices reported as weighted average prices in Table I, 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 ranges set forth in the applicable footnotes to this Form 4.

/s/ Jerrell Shelton 06/26/2025

** Signature of Reporting Person Date

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

* 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.