FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVA	OVA
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a

transaction was made pursuant to a contract, instruction or written plan for the

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	conditions of Rule			
1. Name and Address STEFANOVIO	of Reporting Person* CH ROBERT		2. Issuer Name and Ticker or Trading Symbol Cryoport, Inc. [CYRX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify
(Last) (First) (Middle) C/O CRYOPORT INC. 112 WESTWOOD PLACE, SUITE 350			3. Date of Earliest Transaction (Month/Day/Year) 08/19/2025	Chief Financial Officer
(Street) BRENTWOOD	TN	37027	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(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)	Transaction Code (Instr. 8)		4. Securities Ad Of (D) (Instr. 3,) or Disposed	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)
						Amount	(A) or (D)	Price	(Instr. 3 and 4)		(IIISU: 4)
C	ommon Stock	08/19/2025		M		26,164	A	\$3.07	216,513	D	
C	ommon Stock	08/19/2025		S ⁽¹⁾		9,300	D	\$8.6686(2)	207,213	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. Transac Code (Ir 8)		Derivative		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	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		Transaction(s) (Instr. 4)		
Options to purchase common stock	\$3.07	08/19/2025		M			26,164	(3)	08/20/2025	Common Stock	26,164	\$0	0	D	

Explanation of Responses:

- 1. The proceeds of the sale of Common Stock were used to pay the exercise price due upon the exercise of the Stock Option reported in this Form 4.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.60 to \$8.75, inclusive.
- 3. 1/48 of the options vested on the 20th of each month for forty-eight months beginning on August 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/ Robert Stefanovich

08/21/2025

** 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.