FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person*     Mandalam Ramkumar			2. Date of Event Requiring Statement (Month/Day/Year) 06/16/2014	3. Issuer Name and Ticker or Trading Symbol Cryoport, Inc. [ CYRX ]				
(Last)	(Last) (First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
20382 BARENTS SEA CIRCLE				Officer (give title below)	Other (specify below)			
(Street) LAKE FOREST	CA	92630					6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person	
(City)	(State)	(Zip)					Form filed by More than One Reporting Person	

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock Par Value \$.001	100,000	D	

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Un Derivative Security (Instr. 4)	or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security Indirect (I)	

Explanation of Responses:

Ramkumar Mandalam Ph.D.

06/20/2014

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).