FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

### 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).

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

			2. Issuer Name <b>and</b> Ticker or Trading Symbol  Cryoport, Inc. CYRX	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			Cryoport, me. [ Criex ]	X	Director	10% Owner			
				X	Officer (give title	Other (specify			
(Last)	) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
980 OVERTON LEA ROAD			03/13/2018		Officer				
(Street)									
l` ′	,		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
NASHVILLE TN 37220		3/220		X	X Form filed by One Reporting Person				
					Form filed by More than One	e 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)	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)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (Instri		(Instr. 3 and 4)		(Instr. 4)
Common Stock	03/13/2018		X		80,558	A	\$3.57	267,819(1)	D	
Common Stock	03/13/2018		S <sup>(2)</sup>		29,257	D	\$9.83	238,562	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		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)		
Warrant to purchase common stock	\$3.57	03/13/2018		X			80,558	01/30/2016	07/29/2020	Common Stock	80,558	\$0	0	D	

## Explanation of Responses:

- 1. The last Form 4 reporting a transaction of common stock filed on August 30, 2016 erroneously did not take into account the 1-for-12 reverse stock split effective as of May 19, 2015. The number included here has been updated to reflect such reverse stock split.
- 2. The reporting person exercised a warrant to purchase 80,558 shares for \$3.57 per share. The reporting person paid the exercise price on a cashless basis, resulting in the Company's withholding of 29,257 shares to pay the exercise price and issuing to the reporting person the remaining 51,301 shares.

/s/Jerrell Shelton

03/15/2018

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.