FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVA
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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

1. Name and Address of Reporting Person*  Leatherman Steven L			2. Date of Event Requiring Statement (Month/Day/Year) 04/02/2012	3. Issuer Name and Ticker or Trading Symbol  Cryoport, Inc. [ CYRX.OB ]				
(Last) (First) (Middle) 225 BROADWAY, SUITE 430			Relationship of Reporting Person (Check all applicable)     Director     Officer (give title below)		10% Owner Other (specify below)	If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SAN DIEGO (City)	CA (State)	92101 (Zip)			Chief Commer	cial Officer	6. Individual or Joint/Group Filing ( Applicable Line)  X Form filed by One Reporti Form filed by More than O Person	ng Person

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or	4. Nature of Indirect Beneficial Ownership (Instr. 5)
		Indirect (I) (Instr. 5)	

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

	1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title			Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Steven L. Leatherman

04/03/2012

\*\* 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).