FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| Filed pursuant to | Section 16(a) of the Securities Exchange Act of 1 | 934 |
|-------------------|---|-----|
| or Section | a 30(h) of the Investment Company Act of 1940 | |

| 1. Name and Address STAMBAUGH | of Reporting Person* | | 2. Issuer Name and Ticker or Trading Symbol <u>Cryoport, Inc.</u> [CYRX.OB] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|----------------------------------|--------------------------|--|---|--|--|--------------------|--|--|--|
| STAMBAUUF | <u>I LAKKI U</u> | | | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) | (Middle) | J. Date of Earliest Transaction (Month/Day/Year) | | Officer (give title below) | Other (specify below) | | | | |
| | 20382 BARENTS SEA CIRCLE | | 09/15/2010 | President and CEO | | | | | |
| (Street) LAKE FOREST | СА | 92630 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi X | dual or Joint/Group Filing (Che Form filed by One Reporting | g Person | | | |
| (City) | (State) | (Zip) | | | Form filed by More than On | e 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) | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Securities | or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---------------------------------|---|--|---------------|-------|------------|-------------------------------|---|
| | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (1130.4) |

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) | derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--|---|--|---|---------------------------------|---|------------|-----|--|--------------------|--|----------------------------------|---|--|--|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Option to Purchase Common Stock | \$0.66 | 09/15/2010 | | Α | | 420,000 | | (1) | 09/15/2017 | Common Stock | 420,000 | \$ 0 | 537,000 | D | |
| Option to Purchase Common Stock | \$0.66 | 09/15/2010 | | Α | | 362,000 | | (2) | 09/15/2017 | Common Stock | 362,000 | \$ 0 | 899,000 | D | |

Explanation of Responses:

 $1.\ 1/4\ of\ the\ options\ vest\ on\ 9/15/2012;\ 1/4\ of\ the\ option\ vest\ on\ 9/15/2012;\ the\ option\ sh\ opti$

2. Pursuant to his employment agreement, Mr. Stambaugh earned a cash bonus in the amount of \$216,000 for the fiscal year ended March 31, 2010. Mr. Stambaugh has agreed, in order to preserve the Company's cash resources, to accept the above option grant in lieu of the cash bonus. These options vested in full on the date of grant.

Larry G. Stambaugh

** Signature of Reporting Person

<u>09/17/2010</u>

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.