Edgar Filing: BIOLIFE SOLUTIONS INC - Form 4

BIOLIFE SOLU	TIONS INC										
Form 4	7										
January 18, 2017									OMB A	PPROVAL	
FORM 4	TATES	SECURITIES AND EXCHANGE C Washington, D.C. 20549					COMMISSION		3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	uant to S) of the I	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Expires: January 31 200 Estimated average burden hours per response 0.			
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u></u> COHEN RAYMOND W			2. Issuer Name and Ticker or Trading Symbol BIOLIFE SOLUTIONS INC [BLFS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	iddle)	3. Date of Earliest Transaction					(Check all applicable)			
C/O BIOLIFE SOLUTIONS, INC., 3303 MONTE VILLA PARKWAY, SUITE 310			(Month/Day/Year) 01/13/2017					X_ Director10% Owner Officer (give titleOther (specify below)below)			
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOTHELL, WA	A 98021								Aore than One Re		
(City)	(State) (Z	Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	f, or Beneficial	lly Owned	
	Transaction Date Ionth/Day/Year)	Execution any	n Date, if	Code	on(A) or Dis (D) (Instr. 3, 4	sposed	l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 01 Stock	/13/2017			А		A	<u>(1)</u>	20,112	D		

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

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 control number.

 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
COHEN RAYMOND W C/O BIOLIFE SOLUTIONS, 3303 MONTE VILLA PARK 30THELL, WA 98021	Х						
Signatures							
/s/ Raymond W.	01/18/2017						

******Signature of Reporting Person

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Date

Explanation of Responses:

- * 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).
- The shares of common stock were issued to the reporting person pursuant to the BioLife Solutions 2013 Performance Incentive Plan in (1) lieu of receiving \$18,750 of director fees for the quarter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.