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Schick Josep Form 4	h C										
January 03, 2	2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COM									OMB APPROVAL		
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 of Form 5 obligation may cont <i>See</i> Instru	6. Filed pur inue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							January 31 Expires: 2005 Estimated average burden hours per response 0.5		
1(b).											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Schick Joseph C			2. Issuer Name and Ticker or Trading Symbol BIOLIFE SOLUTIONS INC [BLFS]					 Relationship of Reporting Person(s) to Issuer 			
(Last)	(First) (3. Date of Earliest Transaction					(Check all applicable)				
(Last) (First) (Middle) C/O BIOLIFE SOLUTIONS, INC., 3303 MONTE VILLA PARKWAY, SUITE 310			(Month/Day/Year) 01/01/2018					X_ Director 10% Owner Officer (give title Other (specify below) below)			
				4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
BOTHELL,	WA 98021								fore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year)) Execution any	med on Date, if Day/Year)	Code (Instr. 8)	on(A) or Dis (D) (Instr. 3, 4	and f (A) or	of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or (Indirect (I) (Instr. 4) 7. Nature of Beneficial Ownership (Instr. 4)		
Common Stock	01/01/2018			Code V A	Amount 10,000 (1)	(D) A	Price (<u>1)</u>	20,581	D		
Common Stock	01/03/2018			А	1,042	А	<u>(2)</u>	21,623	D		

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

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

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Schick Joseph C C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021		Х						
Signatures								
/s/ Joseph C. Schick	01/03/2018							
**Signature of	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).
- (1) The restricted stock was granted pursuant to the BioLife Solutions 2013 Performance Incentive Plan and vests 25% on the first anniversary of the grant date and thereafter quarterly, in 12 equal quarterly installments.
- The shares of common stock were issued to the reporting person pursuant to the BioLife Solutions 2013 Performance Incentive Plan in
 (2) lieu of receiving \$6,250 of director fees for the quarter at a price per share based upon the closing stock price of the issuer's common stock on the last day of 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.

Reporting Person