#### COHEN RAYMOND W

Form 4

August 14, 2018

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

	ddress of Reporting I YMOND W	Symbol	er Name <b>and</b> Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)										
		BIOLII	FE SOLUTIONS INC [BLF:											
(Last)	(First) (M	fiddle) 3. Date of	of Earliest Transaction											
			Day/Year)	X Director 10% Owner										
	FE SOLUTIONS,	08/13/2	2018	Officer (give title Other (specify below)										
INC., 3303 I	MONTE VILLA			below)										
PARKWAY	, SUITE 310													
	(Street)	4. If Amo	endment, Date Original	6. Individual or Joint/Group Filing(Check										
		Filed(Mo	onth/Day/Year)	Applicable Line)										
				_X_ Form filed by One Reporting Person										
BOTHELL,	WA 98021			Form filed by More than One Reporting Person										
(City)	(State)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Securities Acquire	d 5. Amount of 6. Ownership 7. Nature of										
Security	(Month/Day/Year)	Execution Date, if	` ' 1											
(Instr. 3)		any	Code (Instr. 3, 4 and 5)	Beneficially (D) or Beneficial										
		(Month/Day/Year)	(Instr. 8)	Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4)										
				Reported (Instr. 4)										
			(A)	Transaction(s)										
			or Code V Amount (D) Pri	(Instr. 3 and 4)										
Common			\$											
Stock	08/13/2018		S 10,000 D $\frac{9}{19}$	7 43,031 D										

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: COHEN RAYMOND W - Form 4

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(2.11541
					4, and 5)						
					i, and 3)						
									Amount		
						Data	Evaluation		or		
						Date Exercisable	Expiration Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

COHEN RAYMOND W C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, SUITE 310 BOTHELL, WA 98021



### **Signatures**

/s/ Raymond W. 08/14/2018

Cohen 08/14/201

\*\*Signature of Reporting
Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* 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. 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.

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