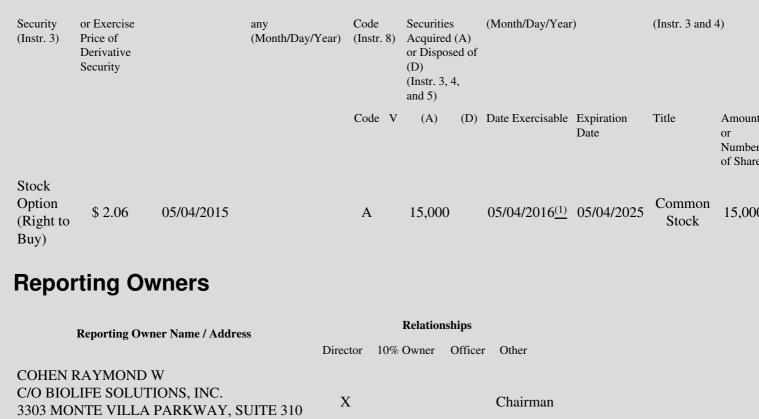
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BIOLIFE S	OLUTIONS INC									
Form 4	15									
May 06, 20								OMB A	PPROVAL	
FOR	VI 4 UNITED	STATES S	SECURI	TIES A	ND EX	CHANGE	COMMISSION			
Check this box Washington, D.C. 20549)549		Number:	3235-0287	
if no lo subject Section Form 4 Form 5	nger to 16. or Filed put		OF CHANGES IN BENEFICIAL C SECURITIES				Estin burd respo		January 31, 2005 average urs per . 0.5	
obligati may co <i>See</i> Inst 1(b).				•	•	npany Act ny Act of 1	of 1935 or Section 940	on		
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> COHEN RAYMOND W			2. Issuer Name and Ticker or Trading Symbol BIOLIFE SOLUTIONS INC [BLF				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (. Date of E				(Che	ck all applicabl	le)	
C/O BIOL INC., 3303	IFE SOLUTIONS 3 MONTE VILLA Y, SUITE 310	(, (,	(Month/Day/Year) 05/04/2015				X_ Director 10% Owner Officer (give titleX_ Other (specify below) below) Chairman			
(Street)			4. If Amendment, Date Original			ıl	6. Individual or Joint/Group Filing(Check			
Filed(BOTHELL, WA 98021				iled(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
		(Zin)					Person			
(City)	(State)	(Zip)					cquired, Disposed	of, or Beneficia	•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day,	ate, if Ti C /Year) (I	ransaction Code	4. Securit Acquired Disposed (Instr. 3, Amount	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	eport on a separate line	e for each clas	s of securit	ties benef	icially ow	ned directly of	or indirectly.			
					inforr requi	nation cont red to respo ays a curre	spond to the colle ained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owned securities)	I		
		saction Date (/Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities	

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Signatures

BOTHELL, WA 98021

/s/ Raymond Cohen	05/04/2015
**Signature of Reporting Person	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 option vests in full on the date so indicated.

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.