

Sandifer Mark
 Form 3
 August 17, 2012

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *

^ Sandifer Mark
 (Last) (First) (Middle)

C/O BIOLIFE SOLUTIONS, INC., ^ 3303 MONTE VILLA PARKWAY, #310

(Street)

BOTHELL, ^ WA ^ 98021

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
 08/10/2012

3. Issuer Name and Ticker or Trading Symbol
 BIOLIFE SOLUTIONS INC [BLFS]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 Chief Quality Officer

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Date Expiration Date

Title Amount or Number of

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| | | | | Shares | | or Indirect (I) (Instr. 5) | |
|-----------------------------|-------|------------|--------------|---------|---------|----------------------------------|---|
| Stock Option (right to buy) | Â (1) | 11/05/2018 | Common Stock | 150,000 | \$ 0.04 | D | Â |
| Stock Option (right to buy) | Â (2) | 02/05/2020 | Common Stock | 398,649 | \$ 0.1 | D | Â |
| Stock Option (right to buy) | Â (3) | 02/11/2021 | Common Stock | 528,974 | \$ 0.08 | D | Â |
| Stock Option (right to buy) | Â (4) | 02/15/2022 | Common Stock | 250,000 | \$ 0.1 | D | Â |
| Stock Option (right to buy) | Â (5) | 08/17/2012 | Common Stock | 250,000 | \$ 0.13 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|-------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Sandifer Mark C/O BIOLIFE SOLUTIONS, INC. 3303 MONTE VILLA PARKWAY, #310 BOTHELL, WA 98021 | Â | Â | Â Chief Quality Officer | Â |

Signatures

/s/ Mark Sandifer 08/17/2012

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Exercisable in four equal annual installments commencing on 11/05/2009
- (2) Exercisable in four equal annual installments commencing on 02/05/2011
- (3) Exercisable in four equal installments commencing on 02/11/2012
- (4) Exercisable to the extent of 62,500 on 2/15/2013, and remaining balance exercisable to the extent of 1/36th thereof on the 15th day of each month commencing on 3/15/2013.
- (5) Exercisable to the extent of 62,500 on 8/10/2013, and remaining balance exercisable to the extent of 1/36th thereof on the 10th day of each month commencing on 9/10/2013.

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.