

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per respons	se 0.5			

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
Name and Address of Reporting Person * Atala Anthony	2. Date of Event Requiring Statement (Month/Day/Year) — 08/30/2011			3. Issuer Name and Ticker or Trading Symbol CRYO CELL INTERNATIONAL INC [CCEL]					
700 BROOKER CREEK BLVD., SUITE 1800				Issuer	Issuer (Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)	
OLDSMAR, FL 34677				Officer (giv	Officer (give title Other (specify			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)	2. Amount of Se Beneficially Ow (Instr. 4)			(I (I	orm: Direct D) or Indirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock 0					D				
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)									
(Instr. 4)			ty	derlying Derivative or Pri		Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title 1	Amount or Number of Shares		Security	(D) or Indirect (I) (Instr. 5)		

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Atala Anthony 700 BROOKER CREEK BLVD., SUITE 1800 OLDSMAR, FL 34677	X				

Signatures

/s/ Steven T. Lanter, Pursuant to Power of Attorney		05/31/2012	
**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).

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.