FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN 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 Ty | pe Response | s) | | | | | | | | | | | | | | |
|--|---|---|---|--|-----------|---|--------------------|------------|----------------------------------|---|--|----------------------------------|---|---|--|-----------------------------------|
| 1. Name and Address of Reporting Person * Ellis Arthur | | | | 2. Issuer Name and Ticker or Trading Symbol CRYO CELL INTERNATIONAL INC [CCEL] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below) | | | | | |
| (Middle) (Too BROOKER CREEK BLVD. ST. 1800 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2018 | | | | | | | | | | | | |
| (Street) | | | | 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 Form filed by More than One Reporting Person | | | | | |
| | AR, FL 34 | | (7:) | | | | | | | | | | | 1 0 | | |
| (City | ′) | (State) | (Zip) | | | Tabl | le I - Non | -Deri | ivative S | Securities | Acqu | ired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, if | 3. Transa Code (Instr. 8) | (A) or Disposed of | | of | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Owne Form: Direct | | Ownership Form: Direct (D) | ct (D) Ownership | | | |
| | | | | | | | Code | V | Amour | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | | 10/23/2018 | | | | P | | 5,000 | | \$ 6.8 | 26,225 | | D | | | |
| Common Stock | | | | | | | | | | | 71,693 | | I | Joint With Spouse | | |
| Common Stock | | | | | | | | | | | 15,100 | | I | By IRA | | |
| Damindar | Danart on a | anarata lina fo | r each class of securi | itias han | eficially | OWN | ad direct | lv or i | ndiracth | ., | | | | | | |
| Reminder. | Report on a s | separate fine to | reacti class of securi | ities ben | encially | OWII | | Personta | ons wh | o respor | m are | e not requ | ction of inf uired to res OMB cont | spond unle | ess | C 1474 (9-02) |
| | | | Table II - I | | | | | | | of, or Bendible secui | | lly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/\) | Execution Dat | Co | ransactio | of De Se Ac (A Di of (Ir | | and I (Mor | ate Exercise Expiration the Day/ | on Date Year) Expiratior | Ame Und Secr (Ins 4) | Amount or Number of | 8. Price of Derivative Security (Instr. 5) | 9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | Beneficial Ownershipy: (Instr. 4) |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Ellis Arthur 700 BROOKER CREEK BLVD. ST. 1800 OLDSMAR, FL 34677 | X | | | | | |

Signatures

| /s/ Arthur Ellis | 10/23/2018 | | | |
|---------------------------------|------------|--|--|--|
| **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).

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.