

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

OMB APPROVAL					
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nours per response					

#### 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     Allickson Julie	S	2. Date of Event Requiring Statement (Month/Day/Year) 04/30/2007 E		_	3. Issuer Name and Ticker or Trading Symbol CRYO CELL INTERNATIONAL INC [CCEL]				
(Last) (First) 700 BROOKER CREEK BI 1800	(Middle)				Relationship o	all applicable)	` '	5. If Amendment, Date Original Filed(Month/Day/Year)	
OLDSMAR, FL 34677					Director			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					vned		
1.Title of Security (Instr. 4)				nount of Secur ficially Owned . 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	(Instr.		t Beneficial Ownership
unless	e for each class of se as who respond to the form displays le II - Derivative Se	o the co s a curi	ollection of i rently valid (	nformation OMB contro	contained in land		·	·	
1. Title of Derivative Security (Instr. 4)  Expi (Mon	2. Date Expirati	tte Exercisable and 3. Se h/Day/Year) 3. Se		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conver or Exercis Price of Derivativ	sion 5. Fo Do Se Se	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisa		Expiration Date	Title	Amount or Number of Sha	Security	In	Direct (D) or indirect (I) Instr. 5)	
Stock Option	06/04/	2005	06/04/2009	Common Stock	5,000	\$ 0.77		D	
Stock Option	(1)	(	04/04/2013	Common Stock	18,624	\$ 3.34		D	
Stock Option	(1)	(	02/01/2010	Common	7,800	\$ 4.02		D	

## **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Allickson Julie 700 BROOKER CREEK BLVD. SUITE 1800 OLDSMAR, FL 34677			VP, Laboratory and R&D		

## **Signatures**

Julie Allickson	04/30/2007
**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) 1/3 one-year from the date of grant, 1/3 two years from the date of grant, 1/3 three years from the date of grant

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.