FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

stock Option to

purchase

common stock \$ 1.58

07/14/2009

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 Responses	s)																
1. Name and Address of Reporting Person + FINCH ANTHONY				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 10% Owner						
(Last) (First) (Middle) 700 BROOKER CREEK BLVD.,, SUITE 1800				3. Date of Earliest Transaction (Month/Day/Year) 07/14/2009							-			e title below)		er (specify belo	ow)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ Fo	rm filed by	One Reporting		**	ne)	
OLDSM.	AR, FL 34	677										-	FOI	m med by	More than One	Reporting Person	1	
(City	y)	(State)	(Zip)			T	able l	I - No	n-Deri	vative S	Securitie	es Acqui	red, I	Disposed	of, or Bene	eficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				2A. Deemed Execution D any (Month/Day		Date, if	Code	3. Transaction Code (Instr. 8)		4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D)	Owne Trans	. Amount of Securities Beneficially Dwned Following Reported Transaction(s) Instr. 3 and 4)			(/	7. Nature of Indirect Beneficial Ownership
							Code		V	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock										(2)	+ +	104,	500			D	
- · ·		eparate line for each																
			Table II -	Derivati (e.g., put				c fo	ontaii orm d l, Disp	ned in t isplays osed of,	this for a curr or Ben	m are n ently va eficially	ot re alid C	quired MB co	of informa to respond ntrol numb	d unless the		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	ative ties red sed 3, 4,	Expi	ration	ercisable Date y/Year)	and	of Unde Securiti	. Title and Amount of Underlying decurities Instr. 3 and 4)			f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4)
				Code	V	(A)	(D)		: cisable	Expira Date	ıtion	Title		Amount or Number of Shares				
Option to purchase common stock	\$ 0.75								(1)	07/15	5/2015	Comm				7,500	D	
Option to purchase common stock	\$ 1.48								(3)	07/31	1/2014	Comm		7,500		7,500	D	
Option to purchase	\$ 2.20								<u>(4)</u>	06/28	3/2013	Comm		7,500		7,500	D	

(2)(5)

07/15/2016

A

7,500

Common

Stock

7,500

\$ 1.58

7,500

D

Option												1
to					(2) (2)		Common					ı
purchase	\$ 0.94	07/27/2010	Α	 7,500	<u>(2)(6)</u>	07/27/2011	Common Stock	7,500	\$ 0.94	7,500	D	
common							Stock					
stock												ı

Reporting Owners

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

Signatures

/s/ Anthony Finch	05/24/2011
**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) 1/12 per month commencing on 8/15/08.
- (2) Stock option issued for service as non-employee director.
- (3) 1/12 per month commencing on 8/31/07.
- **(4)** 1/12 per month commencing on 7/28/06.
- (5) 1/12 per month commencing on 08/14/09.
- (6) 1/12 per month commencing on 08/27/10.

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.