## 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).

(Print or Type Responses)

#### 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

1. Name and Address of Reporting Person—Gaines George				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) 07/31/2020						_	Officer (give	title below)		(specify belo	w)		
(Street) OLDSMAR, FL 34677				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					
(Cit	y)	(State)	(Zip)			7	Гable I - I	Non-Deriv	vative :	Securities	s Acquir	ed, Disposed	of, or Benef	ficially Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	Execution D			(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D) I		f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		d OFFO	wnership orm: irect (D) Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	Stock										0,000		Г	)		
Common Stock 07/31/202		07/31/2020				S	4	,256	D	\$ 8.5	1,008,944		I		By IRA	
Common Stock 07/31/2020		07/31/2020				S	8	,944		\$ 8.55	1,000,000		I		By IRA	
			Table II				es Acquir rrants, op					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	(e.g., p) 4. Transac Code	stion No of Se Ac	umber erivati ecuritic	6. Dat Expira (Mont	a currer	sed of, nvertibable and	or Benef	ficially Oties)  7. Title of Undo Securit	I number.  Owned  and Amount erlying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10.	Ownership (Instr. 4)
						(A) or Disposed of (D) (Instr. 3, 4, and 5)								Transaction(s) (Instr. 4)		
				Code	V (A	A) (I	Date Exerci	isable	Expi Date	iration	Title	Amount or Number of Shares				
Stock Option	\$ 2.04						07/10	)/2012 <mark>(1</mark>	07/	10/2022	Comn	1 /.500		7,500	D	
Stock Option	\$ 1.95						07/19	9/2013(2	07/2	19/2023	Comn	17.500		7,500	D	
Stock	\$ 2.4						07/22	2/2014 <mark>(3</mark>	07/2	22/2024	Comn	non 7,500		7,500	D	

Stock Common

Stock

Common

Stock

Common

Stock

7,500

7,500

5,300

7,500

7,500

5,300

D

D

D

07/09/2015(4) 07/09/2025

08/30/2019(5) 08/30/2029

11/25/2019(6) 11/25/2029

### **Reporting Owners**

\$ 3.08

\$ 7.53

\$ 7.74

Option

Stock

Stock

Option

Stock

Option

Option

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Reporting Owner Name / Address					

Gaines George 700 BROOKER CREEK BLVD			
SUITE 1800	X		
OLDSMAR, FL 34677			

### **Signatures**

/s/ George Gaines	08/03/2020
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) Stock options vest at a rate of 1/12 per month commencing on July 10, 2012.
- (2) Stock options vest at a rate of 1/12 per month commencing on July 19, 2013.
- (3) Stock options vest at a rate of 1/12 per month commencing on July 22, 2014.
- (4) Stock options vest at a rate of 1/12 per month commencing on July 9, 2015.
- (5) Stock options vest at a rate of 1/12 per month commencing on August 30, 2019.
- (6) Stock options vest at a rate of 1/12 per month commencing on November 25, 2019.

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.