Boyalife Group, Inc.
Form 3
April 26, 2018

FORM 3

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

OMB APPROVAL

OMB Number:	3235-0104
Expires:	January 31, 2005
Estimated average burden hours per response...	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Â Boyalife Asset Holding II, Inc.

(Last) (First) (Middle)

2453 S. ARCHER AVE.,Â SUITE B

(Street)

CHICAGO,Â ILÂ 60616

(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)
04/16/2018

3. Issuer Name **and** Ticker or Trading Symbol
CESCA THERAPEUTICS INC. [KOOL]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

_____ Director __X__ 10% Owner
_____ Officer (give title below) _____ Other (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
___ Form filed by One Reporting Person
_X_ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

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)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of			

				Shares		or Indirect (I) (Instr. 5)	
Second Amended and Restated Convertible Promissory Note [(1)]	04/16/2018[(1)]	03/06/2022[(1)]	Common Stock, par value $.001 per share	6,211,180 [(1)]	$ 1.61 [(1)]	D [(2)]	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Boyalife Asset Holding II, Inc. 2453 S. ARCHER AVE. SUITE B CHICAGO,Â ILÂ 60616	Â	Â X	Â	Â
Boyalife Group, Inc. 2453 S. ARCHER AVE. SUITE B CHICAGO,Â ILÂ 60616	Â	Â X	Â	Â

Signatures

/s/ Xiaochun Xu, Authorized Officer	04/26/2018
**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) The Second Amended and Restated Convertible Promissory Note due March 6, 2022 (the "Note") was issued pursuant to a First Amended and Restated Revolving Credit Agreement, dated April 16, 2018, as reported in the Issuer's Form 8-K filed on April 18, 2018. The Note is in the maximum aggregate principal amount of $10.0 million, and the outstanding balance and accrued but unpaid interest is convertible at any time by the holder thereof at an initial conversion price of $1.61 per share, subject to adjustment as set forth in the Note. The number of shares underlying the Note as reflected herein is calculated based on the maximum principal amount of the Note and without reference to conversion limitations in the Note.

(2) The reported securities are held directly by Boyalife Asset Holding II, Inc., which is a wholly owned subsidiary of Boyalife Group, Inc. ("Parent"), and accordingly Parent is an indirect beneficial owner of the reported securities.

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.