П

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL											
OMB Number:	3235-028										
Estimated average	hurden										

Estimated average burden	
hours per response:	0.5

1	dress of Reporting	Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol Skyline Medical Inc. [SKLN]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Reding Andrew P.			<u>onymie medicar me.</u> [ onthit ]	X	Director	10% Owner				
	(First) IERS DRIVE, S		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014		Officer (give title below)	Other (specify below)				
C/O SKYLINE MEDICAL INC.		INC.	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	6. Individual or Joint/Group Filing (Check App					
(Street)				X	Form filed by One Re	eporting Person				
EAGAN	MN	55121	_		Form filed by More th Person	an One Reporting				
(City)	(State)	(Zip)								
		Table I - Non-Der	rivative Securities Acquired. Disposed of, or Bene	ficially	Owned					

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities A Disposed Of ( 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		
Common Stock, \$.01 par value								1,314 <sup>(1)</sup>	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$6.5	12/31/2014		A		769		12/31/2014	12/31/2024	Common Stock	769	\$0	769	D	

Explanation of Responses:

1. Share ownership totals have been adjusted to reflect a 1 for 75 reverse stock split effected by the issuer on October 24, 2014.

# /s/ Andrew P. Reding

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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.

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 Number.

01/26/2015

Date