FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES I	N BENEFICIAL	<b>OWNERSHIP</b>
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ı	OWR APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	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).

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*  Reding Andrew P.				2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [ SKLN ]  3. Date of Earliest Transaction (Month/Day/Year) 09/30/2013									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) 2915 COMMERS DRIVE, SUITE 900 C/O SKYLINE MEDICAL INC.															Officer below)	cer (give title ow)		Other (s below)	pecify
(Street) EAGAN MN 55121				, 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person      Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	osed o	f, or Be	neficial	ly O	wned				
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disp Code (Instr. 5)		Dispose	rities Acquired (A) ed Of (D) (Instr. 3, 4		4 and Securition Benefici Owned I		s Illy ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) o		Reporte Transac (Instr. 3		tion(s)			(Instr. 4)
Common Stock, \$.01 par value															98,	8,506		D	
		-	Fable II - [									or Bend ble secu		Owi	ned				
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution D if any (Month/Day/	Date, Transaction Code (Instr.				6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and Amof Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		expiration pate	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$0.318	09/30/2013			Α		15,723		12/30/201	.3 0	9/30/2023	Common Stock	15,723		\$0	15,723	3	D	
Stock Option (right to	\$0.27	12/31/2013			A		55,556		03/31/201	4 1	2/31/2023	Common Stock	55,556	,	\$0	55,556	6	D	

**Explanation of Responses:** 

/s/ Andrew P. Reding

03/14/2014

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.