## 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

OMB APPRO	VAL
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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* <u>Kornberg Joshua</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Skyline Medical Inc. [ SKLN ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner					
(Last) 2915 CC	`	rst) PRIVE, SUITE 9	(Middle)		3. Date of Earliest Transaction 09/30/2015				saction (M	ction (Month/Day/Year)					Officer below)	(give title	Other (specify below) sident		
(Street)	M	N	55121		4. 11	f Ame	endment,	Date	of Original	Filed	(Month/D	ay/Year)	)	Line	) <mark>X</mark> Form f	filed by On	e Repo	g (Check Ap orting Person One Repo	n
(City)	(S	tate)	(Zip)												Persor	n			
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Disp	osed o	of, or E	3ene	ficiall	y Owned	k			
Diam's Committee of the		2. Transaction Date (Month/Day/Year)		ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D	) or )	Price	Transaci (Instr. 3	tion(s)			(1130.4)	
Common	Stock, \$.01	par value													6,	961		D	
Common Stock, \$.01 par value													805	805,982		I	By SOK Partners LLC <sup>(1)</sup>		
Common Stock, \$.01 par value												615,281			I	By Atlantic Partners Alliance LLC <sup>(2)</sup>			
		Т	able II - I						uired, D s, option						Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) Price of Derivative Security			3A. Deeme Execution if any (Month/Day	n Date, Transac Code (Ir		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		tive ties ed sed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Own s Forn Direc or In g (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		opiration	Title	or Nu of	ımber	ber				
Stock Option (right to	\$3.21	09/30/2015			A		1,558		09/30/201	5 09	)/30/2025	Commo Stock \$.01 pa	, ar 1	,558	\$0	1,558	3	D	

## **Explanation of Responses:**

- 1. A limited liability company of which the Reporting Person is one of the managers. The Reporting Person disclaims beneficial ownership of such shares, except for those as to which he may have a pecuniary
- 2. A limited liability company, of which the Reporting Person is a member. The Reporting Person disclaims beneficial ownership of such shares, except for those as to which he may have a pecuniary interest therein.

/s/ Joshua Kornberg

10/02/2015

\*\* Signature of Reporting Person

Date

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.