FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

Washington, D.C. 20549

Check this box if no longer subject to SIAIEWENT OF CHANGES IN BENEFICIAL OVVNERSE Section 16. Form 4 or Form 5	Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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 ]									lationship o ck all applio Directo	able)	ig Pers	son(s) to Iss	
(Last) (First) (Middle) 2915 COMMERS DRIVE, SUITE 900						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2016									below)	(give title CEO and	Other (sp below) d President		specify
(Street) EAGAN MN 55121				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						
(City)	(S	tate)	(Zip)												Person				9
		Tab	le I - Nor	n-Deriv	/ativ	e Se	curities	s Ac	quired,	Disp	osed o	of, or Be	nefic	ially	Owned				
D				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		Dispose	Securities Acquired (A) o sposed Of (D) (Instr. 3, 4				es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount (A) or (D)		Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock, \$.01 par value															6,961		D		
Common Stock, \$.01 par value														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>
		-	Table II - I						uired, D , option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Transac Code (I			of		6. Date Ex Expiration (Month/Da	Date		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	O Fe Ily D oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amo or Num of Shar	ber					
Stock Option (right to buy)	\$0.17	03/31/2016			A		29,412		03/31/201	6 03	3/31/2026	Common Stock, \$.01 par value	29,4	112	\$0	29,41	2	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

04/05/2016

\*\* 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.