Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* <u>Schwartz Carl I.</u>						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]								Check all		able)	g Pers	on(s) to Issi 10% Ow	
	ast) (First) (Middle) 750 LAS VEGAS BLVD. SOUTH PT. 4303				06/	3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016								b	elow)	(give title		Other (s below)	
(Street) LAS VEGAS NV 89158					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) <mark>X</mark> F F	′				
(City)	(S	itate)	(Zip)																
		Tab	le I - Nor	-Deriv	ative	e Se	curities	s Acq	uired, [Disp	osed o	f, or Be	neficia	lly Ov	ned				
Date				Date			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos		Disposed	ties Acquir d Of (D) (Ins	5. Amour Securitie Beneficia Owned F Reported		s Form ally (D) o following (I) (Ir		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	Price	Tra	ınsacti str. 3 a	ion(s)			
Common Stock														1,654,312			D		
		-	Гable II -									or Ben ble secu			ed				
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,	4. Transactio Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv Secu	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amour or Numbe of Shares	ımber					
Stock Options (right to	\$0.15	06/30/2016			A		33,334		06/30/2016	00	6/30/2026	Common Stock	33,33	4 \$	0	33,334	4	D	

Explanation of Responses:

/s/ Carl I. Schwartz, DDS

07/06/2016

** 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.