Instruction 1(b).

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

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* McGoldrick Thomas J.						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]										elationship ck all appli Directo	•		on(s) to Issuer			
(Last) (First) (Middle) 2915 COMMERS DRIVE, SUITE 900 C/O SKYLINE MEDICAL INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2014										Officer below)	(give title	Other (spe below)		pecify		
C/O SKY LINE MEDICAL INC.							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	•															Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																						
		Tab	le I - Nor	-Deriv	ative	e Se	curities	s Ac	quired	l, D	isp	osed o	f, or B	enefi	cially	Owned						
Date				2. Trans Date (Month/		_	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr					es Acquired (A) o Of (D) (Instr. 3, 4 a			es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Cod	e V	,	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, \$.01 par value																118	118,506		D			
		-	Γable II -				urities <i>i</i> s, warra									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,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea				7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	V (A)		Date Exercis	able		piration ate	Title	or	ount nber ires							
Stock Option (right to buy)	\$0.15	06/30/2014			A		33,333		06/30/2	014	06	/30/2024	Commor Stock	33,	333	\$0	33,33	3	D			
Stock Option (right to	\$0.11	09/30/2014			A		45,455		09/30/2	014	09	/30/2014	Commor Stock	45,	455	\$0	45,45	55	D			

Explanation of Responses:

/s/ Thomas J. McGoldrick

10/02/2014

** 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.