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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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* GABRIEL RICHARD L						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]								Relationship leck all appli X Directo	cable)	Reporting Person(s) to Issuer le) 10% Owner				
(Last) (First) (Middle) 410 B PARADISE ROAD #281						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2017								Officer (give title Other (specify below) below)				pecify		
(Street) SWAMPSCOTT MA 01907 (City) (State) (Zip)					-	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					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				saction	n ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Secu Transaction Dispos Code (Instr. 5)		4. Securi Disposed	of, or Benefici		5. Amou Securitie Benefici Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
Common Stock								Code	v	Amount	(A) o	Price	Transact (Instr. 3	Reported Transaction(s) (Instr. 3 and 4)		D	(Instr. 4)			
Common	Stock		Table II -						uired, Dis , options						<u> </u>		Б			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		of		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Stock Options (right to	\$1.01	12/31/2017			A		15,150		12/31/2017	12	2/31/2027	Common Stock	15,150	\$0	15,150	0	D			

Explanation of Responses:

/s/ Richard L. Gabriel

01/03/2018

** 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.