FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Washington, D.C. 2	0349	

OMB APPROVAL

	OMB Number:	3235-0287
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	hours per response:	0.5

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

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* MYERS ROBERT L						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]										5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own Officer (give title Other (sp					
(Last) 2915 CO	,	irst) PRIVE, SUITE 9	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/15/2014									X	X Officer (give title Other (specify below) below) Chief Financial Officer					
(Street) EAGAN			55121		4.	. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	·	(Zip)	n-Deri	ivativ	رم S	curit	-ίος Λ	CUI	uired	Die	nosed	l of or	Rene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			saction	Execution Date,			е,	3. 4. Securit Disposed Code (Instr.			urities Acquired (A) or sed Of (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	V Amou		nt (A) or)	Price	Reported Transaction (Instr. 3 au	on(s)		10	Instr. 4)		
Common Stock															6,250			I I	By the Reporting Person's Son		
Common Stock 09/15/					5/201	5/2014			P		5,0	00	A	\$0.125	10,000			D			
			Table II -										of, or B			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year		3A. Deemed		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year)					s Unde e Secu	erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exe	e rcisable		iration e	Title		ount or ober of res						
Stock Options (right to buy)	\$0.08									(1)	08/:	13/2022	Common Stock	1,0	00,000		1,000,0	000	D		
Stock Options (right to	\$0.079									(1)	03/3	18/2023	Common Stock	79	1,140		791,14	40	D		

Explanation of Responses:

1. Shares vest immediately.

/s/ Bob Myers

09/15/2014

** 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.